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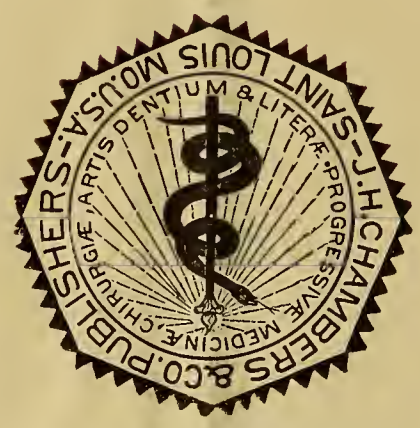

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A THEORETICAL AND PRACTICAL

Treatise on Astigmatism;

BY SWAN M. BURNETT, M.D,

Prof. of Oph. and Otol. in the Medical Depart. of Georgetown Univ.; Ophthalmic and Aural Surgeon to the Garfield Hospital, and Director of the Ophthalmic and Aural Clinic at the Central Dispensary, Washington, D. C.

A great part of the work of an ophthalmic surgeon in private practice consists in correcting the various forms of anomalies of refraction, and of these cases one half, at least, are astigmatics in a greater or less degree. The difficulties in the way of diagnosing astigmatism for the beginner in refraction studies, and in some cases even for the experienced surgeon, as well as importance of a proper correction of the anomaly not only as regards the eyes themselves, but also for the relief, in some instances, of other serious nervous derangements, render any apology for a Special Treatise on the subject unnecessary. Astigmatism is treated of in all text-books on General Ophthalmology and in treatises on Refraction and Accommodation, but in none in so comprehensive and elementary a manner as to give such a full exposition of the underlying principles, as shall be satisfactory alike to the student, to the teacher, and the practitioner. This work is an attempt to supply such an exposition, and is the only separate Treatise on the subject that has been published since the appearance of Danders first work, "*Astigmatisme en Cylindrischen Glazen*," in 1862.

The work is completed in 13 chapters and an Appendix, and an idea of its scope can be formed from a recapitulation of these chapter headings:

CHAPTER I—Definition of Astigmatism. Fundamental laws of Optics. Refraction by spherical surfaces. Formation of images by convex refracting surfaces. Test-glasses and their numbering.

CHAPTER II—Refraction by ellipses, spheroids and ellipsoids. Focal interval of Sturm. Character of the focal lines. Cylindrical glasses.

CHAPTER III—Astigmatism in the human eye. History of corneal astigmatism. Different forms of ametropia. Varieties of astigmatism.

CHAPTER IV—Diagnosis of astigmatism. Determination of its form and degree and the direction of the principal meridians.

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ORIGINAL ARTICLES.

THE PRESENT STATUS OF THE TREATMENT OF DIPHTHERIA.

BY J. S. KNOX, M.D., CHICAGO, ILL.

Professor of Obstetrics and Diseases of Children in Rush Medical College, Chicago.

Read before the Chicago Medical Society, December 16, 1889.

The treatment of diphtheria, in the past decade, has been dominated and modified by an extending belief in its microbic character and in its early systemic infection of the patient. It has been positively settled that the disease follows lines of travel and of intercommunication; also that public schools and places of common general assembly are the starting-points of epidemics, and that in sewered towns and cities diphtheria has become endemic instead of sporadic. So positive is the conviction of the contagious and infectious character of the disease that there are few places where Boards of Health do not now insist upon the isolation of the patient, thorough disinfection, and often the warning placard.

In spite of this universal recognition of the enthetic character of diphtheria, and an increasingly intelligent use of antisepsis, the disease has annually extended its ravages, and has domiciled itself in new localities. Thus the demand has been maintained for more potent methods, and a more satisfactory specific treatment. In addition the observed uncertain percentage of mortality from the disease, in small degree dependent upon the virulence of the local throat manifestations; and the increasing evidence of preceding or early infection of the general system, with all the depressing symptoms of toxæmia, have shifted the majority, from those who believe in diphtheria as primarily, and with care, a continued local affection, over to those who recognize it as primarily, or very early, a systemic poisoning.

The modifications of the treatment of diphtheria have, therefore, moved in three directions:

1. Of a general rejection of remedies and methods of negative or doubtful germicidal value.

2. Of a persistent search for a specific antiseptic treatment, local and general.

3. Of a complete substitution of sustaining and stimulating methods for those depleting and depressing.

He who to-day does not run his treatment on these lines, is considered unscientific and puerile. A summary of these three modifications of the treatment of diphtheria will give us the treatment of to day.

1. It is interesting to note how in this sifting process certain remedies, of former great repute, have gradually fallen into disuse. Chief of these is the chlorate of potassium. The large percentage of oxygen contained in it led to its early use as an oxidizing agent, and at one time it entered into nearly every prescription written for the treatment of diphtheria. Its pernicious effect on the kidneys, especially when given freely in scarlet fever and diphtheria, soon came to be noticed, and was strongly emphasized by the sad death of Dr. Fountain, of Iowa, from taking an ounce dose of the drug. Later on, like all potash salts, it was observed to have a depressing effect upon the heart muscle. Still later it was proved to not part with its oxygen in the system, and lastly through a good deodorizing agent, it was found to possess but feeble germicidal properties.

Thus gradually the virtues of this drug have been denied, and it has fallen into disuse. To-day it is exhibited in the treatment of diphtheria, solely as a mouthwash, or deodorizing gargle, or to eliminate chlorine in combination with hydrochloric acid and the tincture of the chloride of iron, as in the famous prescription of New York physicians.

The salts of quinia have also suffered a like decadence. Known to be strongly antizymotic, tonic and febrifuge, their use, like that of the potassium chlorate, soon became general. Possessing positive properties, they have been more slowly abandoned, yet their negative properties are steadily depreciating their value. The salts of quinia to be actively anti zymotic must be in solution; so bitter is their taste that it is almost impossible, with young patients, to successfully use them locally. Nor is it now necessary when we have pleasanter and equally active substitutes. Again, though tonic they are irritant to the stomach, and often induce vomiting when nutrition is most necessary. Lastly, the febrifuge property of quinia lies only in the large dose, acting as a central nerve depressant; such administration is forbidden in so debilitating a disease as diphtheria.

Thus in the treatment of this disease, the use of quinia is being eliminated by a process of substitution. It is not a want of virtue but a want of fitness.

In regard to boric acid, alum, calomel, the aromatics, alkalies, vegetable acids, poulticing, steaming, etc., a few words will state the reason for their abandonment. They were found inefficient. In meeting so vicious a disease, inefficiency is a curse. It has blighted them all.

2. The persistent search for a specific treatment of diphtheria has revealed its pathology. With this knowledge an entirely new list of remedies has been substituted. Antiseptics is their classification; antisepsis is the Alpha and Omego of their administration. Antisepsis limits the contagion; antisepsis attacks the local manifestations; antisepsis confronts the systemic invasion.

We thus have a prophylactic, local and constitutional (or internal) antiseptic treatment. The preventive treatment of diphtheria is based upon its microbic, contagious and infectious character.

Complete isolation of the sick is imperatively demanded; other members of the family are best removed, but when remaining, should be daily inspected by the

physician. They should also daily use some disinfecting gargle, some carbolized water (2%) or solution of mercuric bichloride (1:5000) being probably the best. In addition, quinine, or the tr. chloride of iron should be taken in tonic doses. The physicians and attendants of the sick should practice personal disinfection repeatedly, lest they become means of communication of the disease to the well. All discharges from the sick must be made innocuous. The best disinfectants are the mercuric bichloride, 1:5000, and the chlorides. Free ventilation must be maintained in the sick room. Its air can, to some extent, be kept pure by repeatedly spraying it with alcohol, or corrosive sublimate solution, or vaporizing tar and turpentine, or hanging cloths saturated with turpentine about the apartment.

The use of small quantities of carbolic acid or chloride of lime in the sick room or house is absurd and leads to carelessness from false security. It accomplishes not the slightest disinfection.

After recovery or death from diphtheria, thorough disinfection of the room and furniture must be secured. Probably the fumes of burning sulphur are the easiest obtained and most satisfactory. Dr. Squibb, of Brooklyn, makes a valuable suggestion as to their use, viz., that sulphur should be burned in the presence of watery vapor. I quote his words: "When sulphur is burned in a closed chamber, the dioxide is formed by condensing two molecules of oxygen from the air upon each molecule of sulphur, and a heavy gas is the result, which tends to settle at the bottom of the chamber and to run out through the lower cracks. Any moisture present is at once seized by the rather inactive anhydride, first forming sulphurous acids, and then by oxidation from the air, sulphuric acid. It is during these changes that its power is evolved. If there be no moisture supplied to the burning sulphur, that which was present in the air and the surfaces of the chamber is soon used up, and the dry gas remains indefinitely in a comparatively inactive, ineffective condition. From three to four pounds of sulphur are required for an ordinary bed chamber, and the room should remain subject to the fumes at least eight hours."

The local treatment to-day is either germicidal or solvent, or both combined. The drugs that are to-day best endorsed and most commonly used locally are: The bichloride of mercury, the biniodide of mercury, sulphurous acid, turpentine, alcohol, tr. chloride of iron, salicylic acid, eucalyptus globulus, and tannin for their germicidal effect; and lime water, lactic acid, papayatin, pepsin and trypsin for their solvent effect on the membrane.

The bichloride of mercury is used in solution from 1:1000 to 1:5000. This is sprayed into the throat with an atomizer of rubber parts, or applied directly with a brush. It and its kindred salt (the biniodide) are no doubt the most powerful germicides we have. Objection has been made to their poisonous properties when swallowed by young children. The freedom of our journals, however, from reports of its toxic or injurious action leads to the belief that the objection is overstated. The application has been made frequently with the best of results.

Sulphurous acid, fresh and unoxidized, is a powerful germicide. In my hands it has been the best of local applications. I use the following formula: Equal parts of sulphurous acid, Monsel's solution, alcohol and glycerine, to be applied with a brush each half to two hours. The combination is non-poisonous, non-irritating, and each ingredient is a germicide. Usually in thirty-six hours it entirely destroys the membrane.

Turpentine has been used with excellent results, especially in the fibrinous form of diphtheria. It is germicidal and peculiarly efficacious in preventing the spread of the membrane. The method of use has been directly by the atomizer or by vaporizing on boiling water, or by keeping the air of the chamber saturated with it, through cloths hung about the apartment. My impression is that sufficient attention has not been given to this drug.

Alcohol has been successfully used locally, diluted according to age, both as a spray and a gargle.

The local use of the tr. chloride of iron has been recommended in conjunction with chlorate of potash and dilute hydrochloric acid.

A good formula is as follows:

℞ Tr. ferr. chloridi, - - ʒiij
Potass. chloratis, - - - ʒj
Acidi hydrochlor. dilut., - ♏x
Glycerine, q. s. ad. - - ℥iv

M. Use locally with throat brush each hour.

The belief is that free chlorine is evolved.

Salicylic acid is recommended as a local application. It is best used in solution (8%); equal parts of the biborate of soda are necessary to make the solution in water. It is freely soluble in alcohol, and a few drops of the essential oil of eucalyptus may with advantage be added. These solutions are used with the atomizer or brush freely and frequently. It must be remembered that salicylic acid has a depressing action on the heart, often intensified by personal idiosyncrasy.

Tannin is commended, used by insufflation, or combined with glycerine and alcohol and applied. It destroys fetor, coagulates the membrane and arrests hæmorrhage. For hæmorrhage, especially nasal, it is best used pure, with an insufflator. The solution or removal of the diphtheritic membrane formerly insisted on, is not to-day considered imperative. Lime water, lactic acid, pepsin, trypsin and papayatin are still used, but their solvent action is considered of far less importance than the germicidal effect of other drugs.

The forcible removal of the membrane by detachment with instruments, scraping with swab or fingers, or by escharotics is universally condemned. The internal medicinal treatment of diphtheria is based upon a belief in the microbic and septic systemic infection. Every case of diphtheria becomes sooner or later one of general infection. The internal medication is, therefore, growing daily more akin to the local treatment.

The tincture of the chloride of iron has steadily maintained its popularity. It is the only drug of the old regime that is used to-day. This certifies to its value.

The ataxic effect of large doses of the mercuric bichloride given internally for sepsis has been amply demonstrated. That the mercuric salt combines in the system with the ptomanic alkaloids, rendering both inert (just as nitrate of silver combines), is believed but not proven. We only know that toxic doses of the bichloride of mercury have been given hourly for days under septic conditions, with safety and eminent satisfaction. The 1:5000 solution of corrosive sublimate is the popular internal remedy of to-day. It acts also locally when swallowed, and is taken and swallowed by the youngest children.

Salicylic acid and salicylate of soda in appropriate doses complete the list of remedies to-day relied upon for internal administration.

Nasal diphtheria is specially fatal, on account of the large number of absorbent glands present. It is indicated by external swelling of the throat. Its worst complication is hæmorrhage. Nasal diphtheria is best treated by irrigations with saturated solution of boric acid, or 1:10,000 of mercuric bichloride used with the fountain syringe. Of course if the solution is swallowed instead of flowing through the opposite nostril, the boric acid solution should be preferred. Nasal hæmorrhage is best managed by insufflation of tannin.

3. The general recognition of the asthenic character of diphtheria is shown by the constantly recurring advice to give alcohol abundantly and early and to maintain the nutrition of the patient. Don't wait for signs of exhaustion, but begin with stimulation at once. In very young patients I have found cologne spirits, a deodorized alcohol, often unconsciously taken in milk. It is double the strength of whisky, and nearly tasteless and odorless. In the administration of stimulants, the limit of toleration is usually the limit of ingestion. Concentrated foods like the peptonoids, broths and milk, should be given to the full power of assimilation. Beyond that they are an injury.

The heart failure of diphtheria is anticipated by the administration of digitalis and nux vomica, and met with hypodermics of alcohol.

Tracheotomy and intubation should be done before laryngeal stenosis becomes exhausting.

14 Loomis Street.

Sam Jones on the Faith Cure.—I'll tell you where this faith comes in. There's an old brother and sister, who have been taking all the nasty, quack, patent medicines on the market for the last ten years. Somebody comes along and prays over 'em, and they quit using the patent medicines, and they are well again. They say it was faith that cured. It was faith. It was the faith which caused them to quit taking old patent nostrums, which cured them.

REPORT ON PROGRESS.

OBSTETRICS AND GYNÆCOLOGY.

BY E. MUELLER, M.D., ST. LOUIS.

The Causes and Treatment of Uncontrollable Vomiting of Pregnancy.

M. Guéniot, speaking on this subject in the Academie de Med., recognizes three principal factors in the etiology of this trouble, namely the uterus, the nervous system and the stomach.

On the part of the uterus, there are often unrecognized lesions, which may be the cause of the vomiting; ulceration of the cervix, descent of the uterus, or flexion may form sources of irritation, which are reflected upon the nervous system and the stomach. On the other hand it is possible that diseases of the ovum may be the cause of this disturbance. A patient with hydatiform degeneration of the ovum, and subject to persistent vomiting, came under the speaker's observation.

Any irritability originating in the nervous system may be the cause of reflex phenomena in the stomach; finally diseases of the stomach itself predispose particularly to the affection.

The treatment must correspond to the etiological considerations just mentioned; if flexion or other mal-position of the womb can be made out, treatment aiming at their correction is to be instituted. Elevation of the pelvis with lowering of the rest of the body is sometimes sufficient to arrest persistent vomiting; the application of a pessary has sometimes had good results. If an ulceration of the os be diagnosed, we need not hesitate to resort to local treatment; abortion need not be feared; if a tumor is present its removal is indicated.

Vaginismus is to be treated by prolonged baths and the application of cocaine ointment. Even if an examination does not reveal any lesions of the uterus, dilatation of the os, which in multiparæ may be performed with the finger, in primiparæ by means of laminaria tents or a dilating instrument, will often stop this otherwise uncontrollable vomiting.

If there is irritability of the nervous system, injection of bromide or of chloral into the rectum are useful; an ice bag may be applied to the dorso-lumbar region of the cord, or ether may be sprayed along the spine and over the stomach, or inhalation of oxygen may be used.

If there is any disease of the stomach, the diet is to be looked after, acid and alcoholic drinks are excluded, and the patient is restricted to the use of ice, vichy or some water of similar composition, and milk or beef-tea in small quantities, frequently administered.—*La France Medicale*, September 19, 1889.

Treatment of the Perineum During Labor.

Lucy Waite, M.D., in *Clinique*, describes the method of manipulating the head and perineum during labor,

which is in vogue in the Vienna hospital of Drs. Braun and Sparte.

The normal case of labor is in charge of a midwife in training. On the bulging of the perineum, the patient is drawn to the edge of the bed, and turned upon her left side. The limbs have been previously wrapped in sheets. An assistant sits on the edge of the bed and supports the right limb, so as to raise it up and off of the arm of the operator. The operator takes her position at the back of the patient, passing the left hand over the right limb and between the thighs, and presses back the oncoming head with the fingers of the left hand. The ball of the right hand covers the arms, the thumb being placed on one side of the perineum, and the fingers on the other. The central perineum is thus left in sight between the thumb and first finger, and is at no time subjected to pressure. In this position the head is under perfect control, lying between the two hands of the operator. With the right foot raised upon a stool, and the elbow of the right arm resting against the right knee, the operator is in a position to use to the best advantage all the strength he possesses. Given this position of both patient and operator, the delivery of the head without laceration of the perineum, in any case which can reasonably be called normal, becomes a matter of strength, patience and judgment.

The head is really delivered between the pains. During a pain the head is crowded back by the fingers into the vagina, allowed to advance only enough to put the perineum slightly more on the stretch than after the last pain, and between the pains the head is pushed by the ball of the right hand very greatly upward and forward, away from the pelvic floor, and under the pubic arch. The head is practically rolled out between the two hands. In case the attending midwife has any suspicions of not being able to manage the case properly, the head midwife is called. She was seen to deliver a large head when the perineum was stretched as thin as tissue paper, and the features of the child were plainly visible through it, without a laceration occurring. The delivery of the shoulder is also managed with great skill. If the shoulders do not of themselves turn into the antero-posterior axis of the canal, they are quickly turned, and the shoulder, pressing upon the perineum, delivered first; the other follows. In cases of threatened rupture the house surgeon performs episiotomy.

No lubricants are used, as the parts would become too slippery to manipulate the perineum successfully in the above described manner. Lacerations of the perineum occur in 12% of all cases. The immediate operation for restoration of the perineum is always made.—*Arch. of Gyn.*, October, 1889.

Prophylaxis of Puerperal Fever.

B. 224, H. 1, of *Jahrb. d. ges. Med.*, contains extracts of reports of the experiences of several obstetricians connected with German lying-in hospitals in regard to disinfection of the genital canal before and after confinement in its relation to the occurrence of fever and septic conditions during the puerperal state. The reports are based upon a large number of cases, and the best results seem to have been obtained in those cases, where examinations per vaginam had been avoided as much as possible, and where no active internal antiseptic measures, such as vaginal irrigations, had been practiced, but where, on the contrary, these had been restricted to subjective antisepsis, and to external disinfection of the pregnant and parturient woman.

A Case of Supplementary Menstrual Hæmaturia.

In a communication to the Medical Society of the 7th arrondissement, Dr. Lebec reports the following case: Miss B., æt. 31 years, had her first menstruation when æt. 18 years. It continued regularly for 3 years. From her 21st to her 30th year she experienced some derangements of the function, and also considerable leucorrhœa. In November and December, 1887, menstruation was replaced by hæmoptysis, accompanied by vomiting. In January, 1888, during menstruation, which had appeared again, she was taken with a sharp pain through the back and abdomen, while exerting herself in lifting a sick person. She also stated, that, going out on the street soon after, she took a cold. During the night the blood ceased to flow, the patient was taken with pains in the lumbar region, and several hours afterwards blood appeared in the urine, which continued for 8 days, during which time the pains, which were only moderate, were principally confined to the region of the left kidney. Everything went on all right after this, the patient menstruated regularly again in April and May, she has not had any menstrual disorders since, and her health is good. The author believes that this was a genuine case of supplementary hæmaturia.—*La France Medicale.*

Treatment of Erosions of the Os Uteri.

Dr. Burton (*Med. Press*) has met with much success in the treatment of erosions of the os, caused by uterine or cervical leucorrhœa, dependent upon displacements of the womb (as is usually the case), by the method recommended by Dr. Schwarz of Halle. This consists in filling up the upper part of the vagina with boracic acid, and keeping it in by means of a tampon. Dr. Burton says: The boracic acid is a sedative; it is an antiseptic; "by attracting fluid for its solution, it depletes the structures in contact with it and reduces congestion; the support offered by the tampon, if carefully adjusted, prevents dragging on the blood vessels, obliteration of their channels, and stasis from obstruction, the vicious circle is broken, and tissues quickly return to a healthy condition." His own manner of carrying out the treatment is as follows: After cleaning the parts through a Ferguson's speculum, 2 or 3 drams of powdered boracic acid are passed into the speculum, after which a tampon of tenax or marine lint, soaked in equal parts of glycer-

ine and water is passed in, and carefully adjusted after withdrawal of the speculum. The tampon is retained for 5 days, the vagina is then syringed for 2 days with hot water, and a fresh application is made on the 8th day. As a rule a very few applications will result in a cure. To prevent a relapse, a suitable pessary should be worn after the erosion is healed.—*Arch. of Gyn.*, October, 1889.

Prolapsus Uteri Treated by Vagino-Fixation; A New Operative Method.

In a clinical lecture at the Hopital Saint Louis, Dr. Péan describes this operation, which he has had occasion to perform upon several women. In the case presented, the uterine neck, bladder and rectum have passed outside the vulva, accompanied by complete inversion of the vaginal mucous membrane. Speaking of the supports of the uterus in a normal condition of the parts, the lecturer mentions one as being perhaps not sufficiently emphasized in text books, namely, the attachment of the lateral walls of the vagina to the walls of the small or lower pelvis, this attachment being effected by means of resisting cellular tissue, in which ramify numerous blood-vessels. Under the influence of traction, caused by the descent of the womb, this cel lular tissue becomes relaxed, until it forms a veritable serous pouch. It is to restore this attachment, and one important means of support of the uterus, that the operation is devised.

After thorough antisepsis and anæsthezation, the recto-vaginal septum is seized between the two forceps, one blade of each being introduced into the rectum, the other into the vagina. These forceps are separated as far as possible to the right and left, thus including the entire rectal wall between them. The vesico-vaginal septum is then seized in the same manner, with forceps more flexible, one blade of each being introduced into the vagina, one into the bladder, these forceps also being carried as far as possible, thus including the portion of the vagina corresponding to the bladder. If this part of the operation is well conducted, the portion of the vagina corresponding to its lateral regions will be found between the two forceps on the left side and the two forceps on the right side, and in these spaces the surgeon can work without fear of injuring any deep-seated organ.

The patient is now placed on the left side, the separated thighs and left buttock supported by assistants; the anterior and posterior walls of the vagina are separated by retractors bent at right angles, and also held by assistants.

The lateral wall in its entire breadth is then taken up on the needle, from before backwards, penetrating as deeply as possible, so as to include not only the vaginal mucous membrane, but also a considerable amount of cellular tissue, as well as the serous pocket, spoken of before. The stitches are made about 2 cms. apart to the entire depth of the vagina, and when all in position, they form the bars of a ladder, of which the blades of the forceps on the same side form the sides. The operation having been repeated on the other side, each suture is tightened, to bring the tissues firmly together.

The sutures, which are left in place 3 weeks or longer, when they are found to have cut through the tissues, are finally replaced by organic adhesions, represented by a series of transverse ridges, firmly binding the vaginal wall to the corresponding wall of the lower pelvis.

Perineorrhaphy may be performed as a complementary operation, the narrowing of the vulvar orifice furnishing an additional support to the prolapsed uterus.

The operator states that in the cases in which he has used it, vagino-fixation has always sufficed to make the lives of the patients very comfortable, which could hardly be said of the more formidable operation of ventro fixation, with the numerous inconveniences likely to result from joining the uterus to the abdominal wall.—*Annals of Gyn.*, October, 1889.

Pathology and Treatment of Intra-Pelvic Inflammation.

Before the Am. Ass'n. of Obstetricians and Gynæcologists, Dr. McMurtry read a paper on this subject, which is published in *Med. Rec.*, of November 9, 1889. After speaking at some length of the valuable researches of Bernuty and Goupil in this field 30 years ago, in whose writings may be found "the very essence of the most advanced pathological knowledge of the present day concerning intra pelvic inflammation," and referring to the happy comparison made by Bernuty between inflammation within the pelvis and the same process within the chest, pointing out the analogy existing between the processes in the two situations and their results, the author continues:

The points relating to the pathology of pelvic inflammations which have been established, of the correctness of which I am fully convinced by my own clinical observation and experience, may be grouped in this manner:

1. Intra pelvic inflammations cannot be properly classified as para-metritis and peri-metritis, inasmuch as inflammation of serous and cellular tissues cannot be separated clinically or histologically.

2. Peri-uterine phlegmon of Nonat (pelvic-cellulitis of Emmet) is as rare as inflammation of the cellular tissue in other parts of the body.

3. Intra-pelvic inflammation is, as a rule, *peritonitis*, resulting from disease of the ovaries and fallopian tubes arising in puerperal or gonorrhœal infection, or the miscellaneous infections carried to the endometrium by unclean instruments, tents, or medicinal agents, or from traumatism.

4. Pelvic peritonitis is symptomatic, never idiopathic. Pelvic peritonitis presents every grade of severity. In some instances there is a mere inflammatory spot giving rise to but little discomfort at the time, and passing

away without treatment, leaving a bare trace behind, often found post-mortem. A higher grade is illustrated by those instances wherein the peritoneum exhibits subser ous congestion, transudation of serum, and exudation of plastic material. In a more severe grade there is immense transudation of serum, which accumulates in the pouch of Douglas, corresponding to pleurisy with effusion. In a very high grade the entire pelvic peritoneum is involved, the several stages of the process—congestion and exudation—are followed by suppuration, an affection of fearful proportions, and unless treated surgically, going often to a fatal issue.

The sequelæ of pelvic peritonitis depend upon the vitality of the individual, the grade of the inflammatory process, and the area involved. Where the surface is limited, or may be quite extensive, recovery may take place by resolution and leave only slight adhesions behind. When the inflammation is higher, and the exudate more extensive, layers and bands of false membrane remain, forming original adhesions. The products of inflammation may be deposited over the uterus, ovaries and broad ligaments, leaving these organs imbedded or entangled in a mass of adhesions. As time goes on, the exudate passes through repeated stages of congestion into organized tissue, with constant tendency to contraction. Pressure upon the ovaries is followed by inflammation, degeneration, and atrophy of these organs. The fimbriated extremities of the fallopian tubes are imprisoned and destroyed. At each recurring menstrual flux these bands are made tense by congestion, increased in thickness and more thoroughly organized. In addition to the lesions entailed by pressure, the secretions are retained, and ovarian abscess and pyo-salpinx are common results. When the inflammation is very intense involving subserous structures, the vitality of tissues is destroyed and one form of pelvic abscess is the rusult."

The author then draws a clinical picture, correspond ing to the lesions induced by the higher grades of pelvic inflammation just described, and speaks of the unsatisfactory results of the ordinary treatment by the vaginal douche, local applications, massage, etc. Rest, the aseptic hot douche and saline cathartics will often arrest and limit the inflammatory process and lead to cure by resolution.

When these means fail, and septic symptoms are present, or the disease has gone on to suppuration, abdominal section and removal of ovaries and tubes etc., must be resorted to. The operation is also indicated with proper discrimination, in cases, where ovaries and tubes are found to be painful to the touch and give rise to functional derangements. Early operation, before adhesions become organized and inflammation extends, and before pus forms and the system is infected, is advocated for obvious reasons.

McMurtry admits that many cases representing lesser grades of inflammation are improved and some cured by hot douching, the application of iodine and glycerine, the supporting tampon, and rest, but says, that the larger class of cases, the result of the more severe inflammation, are incurable without operative interference. The paper concludes as follows:

"To those of us who have dealt with cases of long standing pelvic inflammation at the operating table, and shelled out diseased tubes and ovaries from a mass of organized exudate, the cures claimed for electricity in such cases, are difficult to accept. When treated upon sound surgical principles, by abdominal section, the results are good, the cures permanent, and restoration complete."

Tubercular Salpingitis.

Speaking before the French Congress of Surgery, M. Terrillon said, that in performing laparotomies for affections of the ovaries and tubes he came across 6 cases of localized tubercular inflammation of these organs, unaccompanied by other lesions.

In old cases great difficulty was experienced in their removal, they being firmly bound by adhesions. In some cases, he says, the abscess may have to be ruptured, and it may be necessary to leave the diseased organs in the abdomen, after opening the abscess. Notwithstanding these difficulties he believes that laparotomy for removal of tubes and ovaries, affected with tuberculous inflammation, does not offer any more danger than if undertaken for ordinary salpingitis. He further remarks, that if the tuberculous nature of the affection can be recognized, there is even more urgent indication for surgical interference, in order to prevent, if possible an extension of the process to the rest of the peritoneum and thereby a fatal peritonitis. The localization of the disease in the ovaries and tubes sometimes for a considerable period, affords an opportunity for their removal, before the general system or other organs has become affected.

There was much improvement locally and in the general condition of the patients as an immediate result of the operation; it was impossible of course to know the ultimate results, as in most of the cases only several months or a year had elapsed since the operations were performed.--*Bulletin Med.*, October 9, 1889.

Tubercular Peritonitis With Tuberculous Fallopian Tubes; Laparotomy.

The case was the subject of a paper read by Dr. E. Rickets before the Mississippi Valley Medical Association.

Mrs. G., æt. 34 years, multipara, had a tedious labor 5 years ago, followed by puerperal fever of 6 weeks' duration. Two years ago she went through an attack of pneumonia, confining her to the room for nearly 3 months. In December, 1888, she had abdominal pains and diarrhœa. In January, 1889, distention of the abdomen was first noticed, interfering with respiration. Tapping on April 24. During a subsequent vaginal examination distinct sausage-shaped tubes could be mapped out. Specific trouble was suspected, although no specific history could be obtained.

The abdomen was opened an June 4. The fluid was drawn off with a trocar. The omentum was found to be adherent to the abdominal wall, and parts of it studded with numerous tubercles. The intestines were also matted together and thickly studded with tubercles. The fragile right fallopian tube was dug out and ligated close to the uterus. Profuse bleeding. The tube was fully distended with caseous debris. The left fallopian tube was not so fully distended, but the adhesions being very firm, it was not deemed advisable to remove it. Washing out and the establishment of drainage, etc., completed the operation.

Within a week the patient's general condition was much improved, and she gained in strength and flesh until July 23, when an attack of diarrhœa set in, accompanied by pain and exhaustion, which carried her off a week later. There was no recurrence of the dropsy.—*Amer. Pract. and News*, November 23, 1889.

Treatment of Uterine Fibroids.

Max Runge, in *Archives f. Gyn.*, recommends curetting of the endometrium, followed by injection of tincture of iodine into the uterus in case of hæmorrhage dependent upon uterine fibroids. The patient having been brought under the influence of an anæsthetic, the operator investigates the condition of the interior of the uterus, and then carefully removes the swollen mucosa with the sharp curette. Beginning the following day, from 6 to 15 injections are made at intervals of several days. The quantity of fluid injected, from ½ to 2 drams, is determined by the size of the interior of the womb, by the possibility of an unobstructed discharge and by the reaction following the procedure. Runge bases his recommendations upon a series of 40 cases, which he treated in this manner with very satisfactory results. In a number of cases it became unnecessary to perform myotomy, which had been previously planned. Unfavorable symptoms, such as fever or sloughing of the fibroid, did not occur in a single case. —*Jahrb. d. ges. Med.*, November, 1889.

Six Cases of Fibro-Cystc Tumors of the Uterus.

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1. In *Amer. Lancet*, Dr. X. O. Werder reports the removal by laparotomy of a fibro-cyst of the uterus, weighing between 30 and 40 pounds, from a virgin, æt. 23 years, the first signs of a tumor having been observed only 8 months previously. There was more distention of the right side of the abdomen than of the left, and during the whole period of its growth the tumor had the peculiarity of enlarging about two weeks after each menstrual period, giving rise to subjective symptoms at such times only.

The operation was attended with some difficulties and consumed considerable time on account of the large size of the tumor, the adhesions formed, and the alarming hæmorrhage which occurred because of the extremely vascular nature of the tumor. This was ligatured just about its attachment to the fundus uteri, and then cut off above the ligature. The resulting pedicle, which was about the size of two fists, was trimmed, and treated extra-peritoneally according to approved methods. However, in place of the clamp ordinarily used, the upper part of the pedicle was compressed by two large Spencer Well's forceps, one on each side, their handles covered with iodoform gauze. This procedure was resorted to in the absence of proper instruments, the operator having been prepared for the removal of an ovarian cyst, this having been the diagnosis. The patient made a good recovery.

2. Dr. Baldy reported to the Philadelphia Obstetrical Society (*Annals of Gyn.*) a case of fibro-cyst of the uterus successfully removed from a colored woman, æt. 35 years, married, no children. The tumor had been present for 15 years, and commenced to grow rapidly after remaining quiescent for 13 years. Supra-vaginal amputation was performed. The operation was a most trying and difficult one, as the tumor was firmly wedged into the pelvis. It proved to be a nodular fibroid, having undergone cystic degeneration. Extra-peritoneal treatment of the pedicle. In his remarks upon the comparative value of the extra- and intra-peritoneal treatment of the stump, he says that the results obtained by the extra-peritoneal method are decidedly the best. In the discussion which followed, the opinion was concurred in.

3. The *Medical Record* of November 8 contains the report of an interesting case of a like character by Dr. Macphatter, the patient deing a married woman, æt. 42 years, and mother of 5 children, last confinement 10 years ago, since which time she has never been well, suffering from pelvic pain and dragging sensations. A tumor was first noticed 5 years ago, when bladder and rectum symptoms appeared, attacks of pain became more severe, and were occasionally attended by febrile symptoms. The tumor had gradually increased in size, until it filled the whole abdominal cavity, and presented every feature of an ovarian cyst, except that on vaginal examination the uterus appeared to be intimately associated with the enlargement. The tumor, which on opening the abdomen was found to be an œdematous myoma, was everywhere intimately adherent, the transverse colon, small intestines and omentum being tightly adherent at the top. Parts of the omentum were in a gangrenous condition, and were tied and cut away. After all adhesions had been broken up and the tumor was drawn out of the incison, the whole of the peritoneum on the back part of the abdominal cavity came away with it. The right ureter, tortuous and twice its normal length, was attached along the tumor, and was drawn completely out of the cavity. It narrowly escaped being torn down with other adhesions, it being difficult to recognize. The muscles along the back and pelvis, the left ureter and vessels were quite bare, and the arteries could be seen pulsating quite distinctly. Much general oozing took place. The tumor, including uterus, ovaries and tubes was cut away close to a temporary clamp,

which had been applied near the base. A permanent clamp was then substituted, and the trimmed pedicle treated extra-peritoneally, after clots had been swabbed out and the whole abdominal cavity completely washed out. A drainage tube was inserted, which proved to be very fortunate, as there was considerable discharge for nearly 3 days. The patient made a good recovery, which was only very slightly interrupted by the formation of an abscess on one side of the pedicle 13 days after the operation.

Concluding, the author recommends that no matter how intimately intestines may be adherent to a tumor, they can and ought to be liberated, provided they have not become gangrenous.

Prof. Schanta reports the following 3 cases (*Ztschr. f. Heilkde*) (*Jahrb. d. ges. Med.*, November, 1889):

1. *Myoma Lymphangiectodes.*—Multipara, æt. 35 years. The tumor, which was of large size, soft, smooth and little movable, had attained its size in 4 years. Supra vaginal amputation of the uterus. Extra peritoneal treatment of the stump. Recovery.

2. *Myoma Cysticum Ligamenti Lati Sin.*—The tumor, which had grown in a comparatively short time, was large, soft and indistinctly fluctuating, had grown completely into the left broad ligament, and was connected with the uterus. After separating it from the uterus and tying the appendages, the tumor was shelled out of the circularly divided peritoneum, and its margins stitched to the lower angle of the wound. Recovery.

3. *Myoma Uteri Cysticum.*—The tumor had grown for 7 years, slow for the first few years, but faster during the fourth year; tapping was resorted to repeatedly without permanent benefit. The time for the radical operation having arrived, the tumor, apparently a multilocular cyst, was tapped in several places, after removing a considerable quantity of fluid from the peritoneal cavity. The tumor having been sufficiently rolled forward, it was found to be attached by a pedicle, consisting of 3 parts, the central and stronger one being the cervix uteri, the lateral ones being composed of the broad ligaments. The specimen was composed of the fundus uteri, the left appendages, and extensive tumor-masses, connected with the fundus, which are designated as leiomyomata of the uterus, with mucous softening and dropsy of the cellular tissue connecting the different nodules or lumps, of which the mass of the tumor was made up. The patient died of fatty degeneration of the heart 10 days after the operation.

Physical and Mental Changes after Removal of the Ovaries and after Extirpation of the Uterus.

In *Archives of Gyn.*, Dr. Glaevecke publishes his investigation, first, into the results following removal of both ovaries. The material for his studies is furnished by 44 women, operated upon at the clinic of Professor Werth, in Kiel. Glaevecke comes to the conclusion, that castration brings about a condition very similar to that induced by natural cessation. Menstruation ceased in 88% of all cases, either immediately or later on; in 12% it continued, although at much longer intervals and in smaller quantities. In four of these latter cases, it was pretty certain that bits of ovarian tissue had been left behind.

The author says that the cessation of menstruation after castration is easily understood, if we accept the view, that the impulse to menstruation always proceeds from the ovary.

Only in 2 out of the 44 cases vicarious hæmorrhages (nose, stomach) occurred; however, a series of physical ailments almost invariaby made their appearance, which "must be looked upon as cessation symptoms." In about one-half of the cases these symptoms were observed at the time when menstruation would have made its appearance under normal conditions. The symptoms occurring at the time Glaevecke calls molimina menstruation. They consisted of abdominal pains, backache, headache, dizziness, fainting spells,etc. In two women a nodular exanthem appeared periodically on the flexor surfaces of the extremities. Symptoms of this character persisted for a time varying from a few months to several years.

In that class of cases where the symptoms appeared in the intervals between menstrual periods, they manifested themselves as suddenly occurring sensations of heat, usually accompanied by redness of the surface, as perspirations, as dizziness and leucorrhœa. Atrophy of the vagina occurred, often after a previous stage of hyperæmia. The uterus became smaller, the same as it does during the climacteria. If myomata were present, they diminished in size, either slowly and steadily, or with striking rapidity, especially for a period immediately following the operation. One of the results, then, was that the women having uterine fibroids did not only get rid of their hœmorrhage, but were to a certain extent actually cured. The general nutrition of the body was always improved, and in 42% of the cases more or less stoutness ensued. Sexual desire was diminished considerably in most cases, and often it disappeared altogether. In almost all cases more or less mental depression was manifested, which frequently increased so as to amount to decided melancholia, and which in 3 cases passed into real insanity.

In the second part of his paper the author treats of physical and mental changes after removal of the uterus. The material is furnished by 13 cases; the resulting symptoms were less striking than after castration. Vicarious hæmorrhages were not observed. Molimina menstruatia, as above described, occurred for some time after operation. In a very few cases symptoms were also complained of during the time corresponding to the intermenstrual periods. The remaining genital organs remained unchanged, except the ovaries, which diminished in size. Generally there was no influence upon sexual desire. In nearly one third of these cases mental depression was noticed, which several times passed into insanity.—*Jahrb. d. ges. Med.*, November, 1889.

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, JANUARY 4, 1889.

THE DISPOSAL OF THE DEAD.

The question of the proper disposal of the dead has been debated and discussed for many years; all thinking, and reasonable men who have given the subject any attention at all, will acknowledge that the system of earth burial is defective and unsanitary, but cling to it with the perverse sentimentality which often attaches to ancient customs. This is not at all to insinuate that sentimental views should not find due expression and consideration, quite the contrary; but they should not be allowed to exercise an overwhelming influence in the decision of important and vital matters.

It is unnecessary to recapitulate here the reasons why earth burial should be abolished; they are obvious, and have been presented in every aspect by capable and fair-minded writers.

Still less is it necessary to state the advantages of cremation in the disposal of the dead, suffice it to say that the only reasonable objection that can be urged against it is that it would render impossible the tracing of crime, as in cases of poisoning, etc., and this deserves but slight weight in contrast to the sanitary gain.

Rev. Charles R. Treat, of New York, in an address before the American Public Health Association, published at length in the *Sanitarian*, advocates Sanitary "Entombment," which he claims is the ideal disposition of the dead. His plan is briefly the disposition of the bodies in tombs built above ground, through which currents of artificially dried air are made to pass. Desiccation anticipates and prevents decomposition, and in proof of this he instances the morgue of the Hospice of St. Bernard, the "Catacomb" at Palermo, the "Pleikeller" at Bremen and the Peruvian method of natural desiccation as practiced by the Incas. He states that experiments have ascertained that desiccation is an efficient agent in the destruction of disease germs, and believes that "entombment offers the satisfactory solution of the problem, how to dispose of the dead so as to do no violence to a reverent and tender sentiment, and at the same time not to imperil the public health."

We doubt whether his system of entombing will cater to a "reverent and tender sentiment" to the extent that he believes it will. The idea of embalming or mummifying is most distasteful to many people, certainly to those who have witnessed the grotesqueness of the Egyptian mummy, dragged forth from his hiding-place after thousands of years to become an attraction in some popular museum. When popular sentiment has been educated up to the idea of entombment, there will be but an easy transition to cremation, if, indeed, the thought of bodily annihilation by fire be not even now more welcome to modest souls than that of lying in solemn state through ages, in a building of most exquisite design and plan, with all the modern appurtenances, electricity etc., as suggested by the Rev. Mr. Treat. It is well to state that the electricity is utilized in an electric annunciator, with a button in every tomb, for the convenience of those who have been prematurely entombed.

In this connection may be mentioned the interviews obtained by a representative of the Philadelphia *Med. and Surg. Rep.*, with several physicians, on the subject of cremation. Eight out of nine were in favor of cremation from a sanitary point of view, but from a sentimental stand-point, two of these, Drs. Strawbridge and Andrews, preferred earth burial in the old-fashioned way. Dr. Wm. Hunt was not swayed much by sentiment and for himself would prefer the condition of an articulated skeleton, as one of usefulness.

Drs. Wm. Goodell, W. S. W. Ruschenberger, C. H. Thomas, Henry Hartshorne and G. M. Brodfield favored cremation from a sentimental as well as a hygienic point of view, the latter expressing his belief that its introduction was only a question of time, when the Saxon element supervened in this country. Dr. R. P. Harris preferred burial, and considered cremation an unnecessary precaution, but confesses that he had not given any thought regarding the value of cremation.

We believe that cremation is the most practicable and satisfactory solution of the problem; and that its general introduction only requires time to change the tide of feeling which is now against it. The conflict is one between reason and sentiment.

CO-EDUCATION OF THE SEXES.

The *Med. News* recently published the opinions of several eminent medical men, gynæcologists and neurologists, on the above subject, which were obtained in answer to a series of carefully-prepared questions. The difference of opinion elicited is somewhat remarkable, unless we assume that some of the writers based their conclusions more upon their own personal opinions and upon theory than upon unbiased practical knowledge.

The importance of the subject demands a brief *resume* of the conclusions submitted.

Dr. Wm. Goodell had had numerous cases in which higher education had been attended by disastrous results to health, but whether from a fault in the mode of education, mental development being cultivated at the expense of the body, or in its quality, or from woman's dress, he was not prepared to say. He was personally opposed to co-education. To the present system of education he attributed much of the sterility and infecundity of women, the absence of sexual feeling, the aversion to maternity, and the lingering convalesence from infrequent child-birth, with the very common inability to suckle their offspring. The most common sexual disorders in female students were menstrual derangements, and uterine and pelvic symptoms secondary to nerve exhaustion. He does not believe that the average woman will leave college as mentally and physically active as the average man.

Dr. T. Gaillard Thomas' opinions were almost diametrically opposed to the above. He did not think that the higher education of women produced changes in the general or generative systems of sufficient frequency or magnitude to lead him to disapprove of movements looking to improved mental training in females.

Dr. James R. Chadwick went still further; he believed that higher education of women tended to improve their general health as well as their capacity for child-bearing; this was merely an opinion which was but partially corroborated by statistics. He doubted the expediency of co-education, from the fact that woman was handicapped by the monthly flow, although no evidence of detriment from this cause in co-educational institutions has yet been made public.

Dr. S. Weir Mitchell believed that while selected women would stand the stress of continuous intellectual work, for the mass it was dangerous, and sexually incapacitative to a varying amount. He does not believe in co-education, and would abolish it if he could. The sexes do not run in parallel lines intellectually; and for this and physiological reasons, as well as others, he thinks co-education needless and absurd. The woman is urged into competition for which she is unfit, and disregards physiological laws to her own detriment. Not only is this true with regard to healthy people, but there is another factor to be considered; on comparing 100 average girls with the same number of average boys, between the ages of fourteen and twenty, far more of the former than of the latter will be ailing.

Dr. M. Allen Starr believes that a higher education is decidedly and equally advantageous to both sexes. He thinks most of the harm ascribed to overstudy in women is really due to the anxiety attendant upon close competition, to which women, from their more emotional natures, are more subject. It is also due to neglect of proper diet, sufficient exercise, a careful regulation of digestion, and the relaxation from continuous work, which is proper at certain periods. Co-education is not advisable, because it increases the amount of competition for talented, ambitious girls, who are naturally anxious to surpass the other sex, and because it distracts from work the attention of girls of no special ability, who have to be forced to study. A college education should be open to women, but not on the co-educational plan. He thinks the average man and woman will leave college about on a par as to mental and physical activity.

Dr. J. J. Putnam argues just the other way. He thinks that female students often stimulate each other to an extent that an atmosphere of nervous tension is created, since the girls have thus far been almost entirely of a peculiarly zealous and ambitious type. They would gain in co-educational institutions by contact with their more phlegmatic associates, male or female. Inattention to hygienic matters is an important cause of illhealth, but in this respect women's colleges are steadily improving. Many women of a neurasthenic temperament, as well as those leading aimless lives at home, would be safer at the time and afterwards for the sobering and bracing effect of a well-governed, wide-awake college. He believes that in time a college training will be considered good for women, a training similar to that for men, but adapted to their needs. Though he is not prepared to recommend collegiate co-education as a general system, he thinks it presents more advantages and fewer objections than is generally realized.

The questions are interesting because of their bearing upon the future welfare of woman, and upon the community in general. The experiment is being given a full trial at Yale, Columbia College, the University of Pennsylvania, and others, as well as at Vassar, Smith, and Wellesley colleges, which latter are especially devoted to the female sex.

Placenta Prævia.

At the last meeting of the British Medical Association, Dr. Braxton Hicks opened a discussion on this important topic. He thinks that in placenta prævia when hæmorrhage has once set in, the patient's life is in imminent danger until pregnancy is terminated. If hæmorrhage has not set in and the child is not yet viable, it rests upon the practitioner's judgment as to whether pregnancy should be allowed to continue or not; as a rule of practice it will be found best to induce labor as soon as the diagnosis is made.

If the os is small and does not dilate readily after the placenta has been detached from around it, Barnes' dilators should be employed. He does not favor the tampon and believes the concensus of British opinion is against it. If after dilatation the forceps are admitted readily they should be employed; if not, we should employ combined version and plug the os with the breech or leg, leaving the rest to nature, with gentle assistance should this prove necessary.

If the os be small, and neither forceps nor dilating

bags be at hand, combined version should be resorted to and the rest left to nature, gently assisted.

If the os is dilated fully the membranes should be ruptured, and if the head does not engage in the os and plug it, forceps or version should be employed.

To these rules he adds that if a routine method be followed, the method by combined version with no force following will be found to give as good if not better results than any other. After-treatment must be conducted on modern principles.

In the discussion which followed, Dr. Lomer said the rule he recommended was to turn and then wait, the case being now considered as simply one of foot presentation, with no necessity for "hastened extraction" than the operator's impatience. Should hæmorrhage occur, however, it was right to make slight traction on the foot.

Dr. Barnes urged prophylactic treatment, and called attention to the necessity for a healthy endometrium, to which the ovum always sought growth.

Dr. More Madden thought the difficulties of placenta prævia had been greatly overrated, and defended the tampon, which was in his opinion the most effectual and reliable, after a trial of nearly every suggested method. After the tampon had brought on labor, delivery was effected by version.

The Use of Pure Water for Injection after Labor.

In several of the recent issues of the Review, we have called attention to the dangerous and, in some cases, disastrous, effects of injecting antiseptic solutions after labor. Dr. Lancry has lately published a brochure, in which, after dwelling at considerable length on the danger of such practice, he demonstrates how well it may be replaced by the use of pure water, which attains the same ends without the untoward consequences complained of. For this purpose he cites the results obtained with that method in his own practice, and in that of Dr. Delbecq, in all 114 cases.

Of these there were 136 normal labors, 26 forcep cases, 7 of which were of the superior strait, and in one of which craniotomy was necessary; 10 versions by internal manœuvres, of which 2 were delivered artificially; 1 artificial delivery.

These 173 accouchements gave 168 convalescences, favorable in every respect; 5 cases slightly complicated, of which the sickest one was on her feet by the fourteenth day. And the author attributes the large success to the vaginal injections of pure natural water, or water sometimes rendered antiseptic by a preliminary boiling.

He asks, can the advocates of bichloride injections give any better statistics in support of their cause?

He prescribes the injections for nine days—sometimes twice a day during that time, sometimes three times a day for the first four days, and twice after that. And he insists that at least a litre (quart) of water should be used.

Caffeine in Post-Partum Hæmorrhage.

Dr. Miraschi, in the *Nouvelles Arch d' Obstet*, describes a procedure by which he has succeeded in a large number of cases in arresting post-partum hæmorrhage with great rapidity. In all the cases he has observed, under the influence of a subcutaneous injection of from .06 to .08 gm. (gr. j to gr. iss) of caffeine, the puse, animation and body heat return in a few minutes. At the same time the contractions of the heart would become more rapid, and under the influence of the general excitation, the uterus would contract and the hæmorrhage would cease, at least for the time being.

The formula employed by the author is as follows:

Sod. benzoat, - - - gm. 3.
Caffeine, - - - - gm. 2.50.
Aquæ dest., - - - - gm. 6.

Each cubic centimeter contains 0.25 centgr. of caffeine; the solution should be made hot.

As it is generally necessary to act very quickly, Dr. Miraschi advises that the drugs be kept in powders of the proper quantity, ready for extemporaneous mixing.

Treatment of Dilatation of the Stomach.

Dr. Dujardin-Beaumetz, in a communication presented to the Société de Medecine Pratique, gave the following formulas which he used in dilatation of the stomach. As a pharmaceutical antiseptic, he prescribes:

Bismuthi salicylatis,
Magnesia,
Sodæ bicarbonatis, aa. gm. 10 (drams ijss).
Div. in Pulv. 30. One at each meal.

In more severe cases:

Bismuth salicylat.,
Naphthol.,
Magnesiæ,
Sod. bicarb., aa. dr. ijss.
Div. in 40 powders. One at each meal.

As a laxative, he prescribes for each evening, in a half glass of water, a dessert spoonful of the following powder:

Senna seeds, passed through alcohol, in powder,
Sublimed sulphur, aa ʒj,
Powdered fennel,
Powdered anise, aa ʒss.
Powdered cream of tartar, gr. xxv.
Powdered liquorice, ʒij.
Powdered sugar, ʒvij.

—*Jour. de Med. et de Chir. Prat.*

It is said that no fewer than 400 doctors of medicine recently applied for the appointment of medical officer to a sick club in Berlin.

MEDICAL ITEMS.

Removal.—Dr. Henry Schwarz has removed to No. 1111 Chouteau Ave., opposite his former office.

California Rules of Practice.—The California State Board of Health will, after April 1, 1890, refuse to recognize the diplomas of medical schools that do not require a three years' course of study of their students.

Scientific Enthusiasm.—A Detroit physician, who is dying from necrosis of the frontal bone, is reported to be watching his own case without other professional aid, taking copious notes of the symptoms, etc., as they appear.

Vindication of An Accused Physician.—Dr. Remsen Taylor, the health officer of Long Island City, who has been under investigation for extortion, by the Grand Jury of Queens County, has received an official vindication.

To Regulate the Number of Colleges.—In Germany the government has come to the conclusion that there are enough medical colleges in the country, and refuses to allow any more to be organized. Let us take the hint in America.

A Healthy Sign.—At the September meeting the Virginia Medical Examining Board received 26 applications for examination. Sixteen were rejected, 2 withdrew, and 8 were given permits to practice medicine. The low grade medical schools should advise their gradates not to appear before this board.

A Pair of Forceps Left in the Abdominal Cavity.—Two prominent surgeons in Pittsburg are charged with having left a pair of forceps in the abdominal cavity of a woman after a laparotomy. The presence of the foreign body was discovered by another surgeon, whom the patient had called in, and the wound was reopened and the forceps removed by him.

Pineapple Juice in Bronchitis.—Dr. Flascher recommends the juice of the pineapple as an excellent remedy to soften the tenacious mucus of catarrhal bronchitis. In chronic bronchitis accompanied by dyspnœa he has also quite remarkable results. The juice is prepared by slicing the fruit, sprinkling with sugar, placing in a jar and bringing to a boil. The juice may then be poured into smaller bottles and kept for some time. It is prescribed in doses from eight to ten teaspoonfuls.—*Lyon Medicale.*

The Ophthalmic Review.—The publishers of this journal, which has hitherto devoted its space almost entirely to English and foreign contributions, have lately secured the services of Dr. Edward Jackson, of Philadelphia, as its American editor, and it will hereafter include an index of American articles on ophthalmological subjects, reviews of the most important papers, original articles by well-known men, and reports of the meetings of the American Ophthalmological Society, and the Section on Ophthalmology of the American Medical Association.

Menthol in Asthma.—Theodore Jores relates, in *Memorabilien*, October 31, 1889, his experience with menthol in cases of asthma which had obstinately resisted all the usual methods of treatment. During the paroxysm he caused the patient to inhale an atomized 20% solution of menthol in olive oil. Relief was immediate. Dyspnœa was at once replaced by quiet breathing and the respiratory sounds, which before the inhalation had been noisy and sibilant, became clear. Since then he has used the drug, in the same manner, in all cases of asthma under his care, and invariably with satisfactory results.—*Med. News.*

Dr. Eugene Grissom is at present visiting in the city on a mission of establishing, in connection with Dr. C. H. Hughes, an institution for the care of mental and nervous diseases, including the opium and alcoholic habits.

Dr. Grissom was formerly first vice-president of the American Medical Association, and president of the Association of Superintendents of American Institutions for the Insane.

There is undoubtedly an ample field for such an institution here, and as the ability of the gentlemen is widely known and unquestioned, its success is practically assured.

The St. Louis Medical Society held its annual meeting on December 28, 1889, quite a large number of members being present. The following officers were elected for the ensuing year: President, J. K. Bauduy; Vice President, F. D. Mooney; Treasurer, Garland Hurt; Recording Secretary, W. L. Blickhahn; Corresponding Secretary, E. S. Smith.

After the meeting a dinner was tendered the retiring officers, at which opportunity was given for voicing the appreciation of the members for the good work done by them during the year. The following toasts were responded to:

"The St. Louis Medical Society: Its Past and Future," Dr. J. S. B. Alleyne; "The Medical Profession," Dr. C. H. Hughes; "The Retiring Officers," Dr. A. B. Shaw for the Society, and by Drs. N. Guhman and F. J. Lutz for the officers complimented.

Hydronaphthol as a Specific in the Treatment Tinea Tonsurans.—In the belief that failures in the treatment of this obstinate affection have been due to the free access of oxygen to the fungus which other forms of treatment allow. Dr. Morgan Duckrell, (*London Lancet*), has used, with marked success, plasters of hydronapthol, 10 to 12%, prepared by Seabury and Johnson. The method of using them is as follows:

Have the head completely shaved, leaving the usual fringe all around; then wash with 5% soap of hydronaphthol, using water as hot as can be borne. After drying the scalp, apply over the affected area a 10% plaster of hydronaphthol in narrow strips, letting each strip overlap its fellow, taking care that the plaster extends quite half an inch beyond the margin of the diseased patch. Outside the margin of the plaster paint a layer of 10% hydronaphthol jelly (when melted) so as to exclude all air. At the end of the 4 days remove the plaster, when the diseased stumps will be found adhering to it. Repeat the previous process, apply for one week a 20% plaster for ten days, when on removal the disease will be found to be cured. During the plaster treatment, apply a 5% ointment to the unaffected portions of the head night and morning. Care should be taken that all articles brought in contact with the head before treatment be destroyed, otherwise reinfection will take place, and the treatment will be brought into discredit.

Formulæ of Patent Preparations.—"Warner's Safe Cure."

℞	Liverwort leaves,	℥8.
	Jamaica dogwood bark,	℥1.
	Ergot (grains),	℥4.
	Jaborandi leaves,	℥4.
	Wintergreen leaves,	℥2.
	Stillingia root,	℥4.
	Cough grass (trit. rep.)	℥8.
	Digitalis leaves,	grs. 125.

Percolate with 25% alcohol to 7 pints, then dissolve in the percolate nit. potash, grs. 2,500, add syr. simplex one pint. M. ft. Sol. S. Dose half ounce.

Radam's "Microbe Killer."

℞	Sulphuric acid, (strong)	ʒ4.
	Hydrochloric acid,	ʒ1.
	Red wine (about),	℥1.
	Well water,	gal. 1.

BOOKS AND PAMPHLETS RECEIVED.

The "National Medical Dictionary," including English, French, German, Italian, and Latin Technical Terms used in Medicine and the Collateral Sciences, and a Series of Tables of Useful Data. By John S. Billings, A.M., M.D., LL.D., Edin. and Harvard, S C.L., Oxon., Member of the National Academy of Sciences, Surgeon, U. S. A., etc. In two volumes. Quarto, pp. 800. Lea Brothers and Co. Philadelphia. 1890.

Transactions of the Medical Association of the State of Missouri at Its Thirty-Second Annual Session, held at Springfield, Mo., May 21, 1889.

A Suggestion as to the Action of Olive or Cotton-Seed Oil in Gall Stone Colic: Observations on the Use of the Oils, and Reports of Cases. By David D. Stewart, M.D., Lecturer on Diseases of the Spinal Cord, and, lately, Chief of the Medical Clinic, Jefferson Medical College; Physician to St. Christopher's Hospital, Philadelphia. Reprint from "Medical News."

Hypnotism: Its History and Present Development. By Frederick Bjornstrom, M.D., Head Physician to the Stockholm Hospital, Professor of Psychiatry, Late Royal Sweedish Medical Councillor. Translated by Baron Nils Posse, M. G. Humboldt Publishing Co., New York.

Essentials of Obstetrics. By Wm. Easterly Ashton, M.D., Demonstrator of Clinical Obstetrics in Jefferson Medical College, etc. Saunder's Question-Compends. W. B. Saunders, Philadelphia. 1890.

Some Physiological Facts Bearing on the Production of the Nasal Vowels. By B. Loenberg, M.D., Paris and Berlin, Laureate of the Academie de Mediecine, Paris. Reprinted from the "Medical Press and Circular." Bailliere, Tyndall & Cox, 20 King William Street, Strand, London. 1889.

Announcement of the Oliver Wendell Holmes Hospital. Hudson, Wisconsin.

Perineotomy. By B. E. Hadra, M.D., of Galveston, Tex. Reprint from "Annals of Surgery."

Personal Observations of Leprosy in Mexico and the Sandwich Islands. By Prince A. Morrow, A.M., M.D. Reprinted from "N. Y. Medical Journal."

Case of Tuberculosis Papillomatosa Cutis; with Remarks on the Relation of Papilloma to Syphilis, Lupus, etc., (illustrated with chromo-lithographic plate). By the same. Reprinted from the "Journal of Cutaneous and Ven. Diseases."

Words That Burn; Or Truth and Life. A Compilation of the Brightest Thoughts and Choicest Selections from the World's Best Authors. Also Biographical and Critical Notes, and an Analytical Index of Subjects. By S. P. Linn, A.M., Author of "Living Thoughts of Leading Thinkers." With an Introduction by Prof. E. D. Morris, D.D., LL.D. Illustrated. J. H. Chambers & Co., St. Louis.

"The Trained Nurse." Holiday Number. Lakeside Publishing Co., Buffalo, N. Y.

The Laurie Case: The Medical Evidence Dissected by Dr. Campbell Black. Dedicated (without permission) to "Medical Experts."

Wood's Medical and Surgical Monographs, Vol. IV., No. 3, December, 1889. Containing:

I. Baldness, by Geo. T. Jackson, M.D.

II. The Sphere, Rights and Obligations of Medical Experts, by Jas. O'Dea, M.D.

III. Pathology and Treatment of Ringworm, by George Thin, M.D.

IV. Notes on Dental Surgery, by J. Smith, M.D.

V. On Sounding for Gall-Stones; and the Extrusion

of Gall-Stones by Digital Manipulation, by George Harley, M.D., F.R.S.

The Surgical Treatment of Volvulus. By N. Senn, M.D., Ph.D., Milwaukee, Wis., Attending Surgeon to the Milwaukee Hospital; Professor of the Principles of Surgery and of Surgical Pathology in the Rush Medical College, Chicago, Ill. Reprinted from "Medical News," November 30, 1889.

The Sun-God. An Indian Edda. By J. E. Wharton, Phoenix, Arizona.

A Case of Diabetes Benefited by Phosphorus. By Balmanno Squire, M.D., London. From "British Medical Journal," November 30, 1889.

Lambert & Co., of St. Louis, have sent a volume, containing the following monographs:

I. The Diagnosis and Treatment of Chronic Nasal Catarrh. By George Morewood Lefferts, A.M., M.D., Prof. of Laryngoscopy and Diseases of the Throat, in the College of Physicians and Surgeons, New York, etc.

II. Otitis Media Purulenta. By Dudley S. Reynolds, M.D., Prof. of General Pathology and Diseases of the Eye and Ear, Hospital College of Medicine, Louisville, Kentucky.

III. Atrophic Nasal Catarrh. By Carl Seiler, M.D., Instructor in Laryngology and Lecturer on Diseases of Throat and Nose, University of Pharmacy, Philadelphia.

IV. Summer Diarrhœa in Children. By I. N. Love, M. D., Prof. of Diseases of Children, College of Physicians and Surgeons, St. Louis.

V. The Treatment of Whooping Cough. By John McKeating, M.D., Visiting Obstetrician and Lecturer on Diseases of Women and Children, Philadelphia Hospital.

VI. History of Diphtheria. By Bedford Brown M.D., of Alexandria, Va. President of the Virginia State Medical Society.

VII. The Treatment of Pyogenic Membranes—Post Rectal Abscess. By W. W. Dawson, M. D., Prof. of the Principles and Practice of Surgery, and Clinical Surgery, Medical College of Ohio, Cincinnati, Ohio.

VIII. Fistula in Ano. By Joseph M. Mathews, M.D., Prof. of Surgical Pathology and Diseases of the Rectum, Kentucky School of Medicine, Louisville.

IX. Treatment of Ovarian Cysts Having Formidable Adhesions, by Incision and Permanent Drainage. By George A. French, A.M., M.D., Prof. of Obstetrics, Minnesota College Hospital, Minneapolis, Minn.

X. The Present Status of Antiseptic Surgery. By Wm. Tod Helmuth, M.D., Prof. of Surgery, New York.

XI. The Best Method of Treating Operative Wounds. By Henry O. Marcy, of Boston, Mass. Surgeon to the Private Hospital for Women, Cambridge, etc.

XII. Germicides—An Experimental Study Upon the Comparative Values of Antiseptics. (With Table). By the same.

This volume, which is nicely gotten up, and substantially bound in cloth, will be sent to any physician who applies to Messrs Lambert & Co., of St. Louis, for it.

A Guide to the Diseases of Children. By James Frederic Goodhart, M.D., F.R.C.P., Physician to Guy's Hospital, and Lecturer on Pathology in Its Medical School, Physician to the Evelina Hospital for Sick Children. Rearranged, Revised and Edited by Louis Starr, M.D., Clinical Prof. of Diseases of Children in the Hospital of the University of Penn., etc., 1889. P. Blakiston, Son & Co., Philadelphia.

A Compend of Human Physiology Especially Adapted for the Use of Medical Students. By Albert P. Bonbaker, A.M., M.D., Demonstrator of Physiology, Jefferson Medical College, etc. Illustrated. Quiz Compend Series. 1889. P. Blakiston Son & Co., Philadelphia.

SOCIETY PROCEEDINGS.

SOUTHERN SURGICAL AND GYNÆCOLOGICAL SOCIETY.

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Dr. W. H. Wathen.—There are two faults which I wish to charge to operators in abdominal surgery; one is, opening the abdomen when they ought not to, and the other is delaying, abdominal section until it is too late to do any good. There was an instance recently in my state where a distinguished gentleman was shot through the belly. A distinguished surgeon, well known throughout the country, and one who has written on abdominal surgery, was called, but did not operate until 36 hours after the accident, when there was no such condition as there had been, and when the operation gave very few chances of success. He let the time pass when it ought to have been done, and then operated. The man died.

Another case was one in which a fibroid tumor weighed 50 pounds. The patient suffered some inconvenience, yet there was no very great disturbance of the bladder or rectum—about as little disturbance as you could imagine in a patient having a tumor of this size. I did not give my consent to this operation, because the dangers in its performance outweighed the amount of good promised by it. She was operated on, however, and died within a few minutes after returning to bed.

I was called to the country a few weeks ago to do an ovariotomy, but I found that there was a hæmatocele, with obstruction of the bowel, which was in a gangrenous condition. She died that night; the operation was done too late.

Dr. Geo. J. Engelmann, St. Louis.—While partaking of the desire to congratulate the society on the pa-

pers read, I regret that the readers did not take up one or two of the special subjects and give their experience a little more in detail. So many important subjects were touched upon—for instance, that operation for tuberculous peritonitis. The result in that is very curious—that by simply opening the abdomen and dusting with iodoform we should cure this disease of the peritoneum. I believed at first that such was the case. Quite recently I had a case which went precisely as I should have expected it. The patient improved temporarily, but died within six months. We may have small inflammatory nodules on the peritoneum which are not tuberculous; the bacillus tuberculosis is not in them. In only some few of the cases has the bacillus been found. So if any one of us has such a case he should excise some of the tubercles and submit them to microscopic examination to see whether they are really tuberculous.

The expression that twisting of the pedicle is not dangerous, is quite a new one, I think. My experience has been quite the contrary. I know of one case in which the post mortem showed that twisting had taken place, and the tumor had been lost in the cavity. Of course gangrene, inflammation and death came rapidly.

Dr. Virgil O. Hardon, Atlanta, Ga.—Not long ago I heard one of the most prominent laparotomists in this country say that no man had a right to perform abdominal section outside of a hospital especially used for that purpose. He said that to operate outside of such a hospital was bad surgery, bad policy, bad practice. I am glad to hear Dr. McMurtry record his experience, because it supports my own views on the subject. Most of my operations have been done in the homes of low classes of people, the colored people. I have never lost one of these patients after a laparotomy. I am inclined to think that we are apt to get better results in houses built so open that all the air can pass through—and this might prove a point of some value to the better classes.

I believe that the time of the day at which we operate also makes a difference in the prognosis. I believe that the practice of German operators to operate early in the morning is a good one for this reason: the patient has a chance to recover from the effects of the anæsthetic, to get over the nausea and other symptoms before night comes on. And I have found that patients will get more or less sleep during the night that follows, which puts them in better condition. But in those cases on whom I have operated later in the day, I have found that very little, if any, sleep was obtained. We should be observant of such little things, because they may be the means of turning the scale from death to recovery. Moreover, I have been impressed with the belief that the mental condition affects the prognosis to some extent; that mental depression makes physical depression.

Dr. W. Haggard, Nashville.—The teachings conveyed in the paper of Dr. Hadra are to me rather new. The precepts of surgery of recent date, it seems to me, have been to get the abdomen closed as speedily as possible after such an operation. The idea of open treatment, therefore, is to me comparatively new.

I was specially interested in the paper of Dr. McMurtry, in which the reader took so much pains to illustrate the importance of cleanliness. Certainly, there is no one factor in abdominal surgery that has contributed so largely to success as cleanliness. The cases reported are all interesting. I was struck particularly with the case of tubercular peritonitis. To attain a cure by simply opening the cavity, washing it out and dusting with iodoform, is to me very surprising. If it were simply the result of inflammation—and we know that such nodules do follow as a consequence of inflammation—we could readily believe that it might be relieved by that means. However, it may help the patient and add to his life, and to that extent I would endorse the operation.

Dr. G. Frank Lydston, Chicago.—I was interested in those papers. As to the one of Dr. Hadra, he busted me in the abdomen and then refused to sew me up. If we are to accept Dr. Hadra's proposition, the labors of all those who have worked so earnestly to get the cavity closed quickly have gone for naught. That method ought to be popular in Kentucky, however.

I didn't notice that any of the gentlemen emphasized the amount of judgment that should be given to the size of the incision. I have seen operators, in removing ovaries, split the woman from stem to stern. Again, I have seen operators make a little incision, feel around a long time, and some one would suggest that they enlarge the incision; this would be done several times before one of sufficient size was obtained.

As to the proper antiseptic to use in the cavity—one operator will use one thing, another will claim superiority for some other. Keith has shown that it is not the form of antiseptics that counts, but it is the thorough removal of the pabulum on which the germs feed. And it is also the evolutionary progress of the germs. A type of germ that is simple at first may develop into one that is thoroughly malignant.

Dr. B. E. Hadra, in closing the discussion, said: I am obliged to Dr. Lydston, for such criticism I prefer to no attention at all. It seems the gentlemen did not exactly understand what I wished to say. I offered my treatment as fitting such cases as were entirely out of the reach of every other procedure for the relief of diffuse, active, purulent, general peritonitis. Such cases are comparatively rare, but if anyone will tell me what to do, and promise to cure them by the present methods, then I will thank him heartily. Every one has seen septic peritonitis after child-birth, in which the patient was surely going to her death. Do not be deceived by the splendid reports of ovariotomists; it is most enjoyable to listen to such reports, but you will find in practice cases which do not come within the bounds of such laws at all. Many gentlemen who get such beautiful results in aseptic cases will not receive this kind at all. And if you should operate on them,

you could not close the abdomen if you wanted to. And if you reduce them by an incision there will still be septic material left.

I must confess that I cannot always tell what to do when I am called to such cases. Not long ago I was called in consultation by a gentleman who said he had a case of general peritonitis in a lady patient. There was a temperature of 104°, and the pulse was small. We went to see her that night. Bearing in mind an experience which I had had just a short time before, with a case of suppurative peritonitis, where the patient died because an operation was not performed soon enough, I recommended an immediate operation. She refused it, her husband objected, and finally we compromised and agreed to wait till next morning. Morphine relieved her—for the time being, we thought. But when we returned in the morning, I saw that I had made a fool of myself, for she was sitting up, had a good pulse, and, indeed, felt well enough to refuse any operation. She got well. Here were two cases as much alike at first as possible; but the point was, to say what was right in each one. As to the ideas of Dr. Hardon concerning the best time of the day to operate, I prepared a paper to be presented to a Texas medical society, advocating just the reverse of what he said. In the morning we know that temperature, heart's action, etc., are the weakest. For that reason, I would not favor operating at that time. Besides, I always think it is cruelty to put a patient on the table with a perfectly empty stomach. I always feel better when my stomach has something in it. So my preference would be to let the patient have something early and operate about 12.

Dr. W. E. B. Davis.—I have operated on three cases of suppurative peritonitis, and all were fatal. I am willing to test the treatment of Dr. Hadra.

Dr. L. S. McMurtry.—We are all glad to hear of Dr. Hadra's experience, and to learn of his method. The whole trouble was that the title was not so worded as to convey the idea that he was endeavoring to explain. Certainly the suggestions are based on sound surgical principles—to treat the abdomen just as we would a suppurating knee-joint. Smith advocates the treatment presented here to-day, and advocates the use of a solution of glycerine and water to float the intestines for days, so as not to hold the suppurative products in the various crevices. In a case which I had, the whole cavity was flooded with pus, and two tubes were kept in for days.

With reference to the subject of tubercular peritonitis, I would remind the gentlemen that in my paper I said that Greig Smith states that there is no scientific reason why simply opening the abdomen should cure such a disease. Nevertheless, it seems to be a fact. In one case on record, a woman who had had tubercular peritonitis was in good health 21 years afterward. Smith states that these cases have been examined microscopically and with the result of finding the bacillus. All of these cases, except two, were treated in their homes, and many of the operations were done in elegant homes as well as the more modest ones. I have followed a series of operations done in Philadelphia by a distinguished ovariotomist, and a large number were done in the homes of the patients; there were forty consecutive operations, without a single death.

I wish to acknowledge my appreciation of Dr. Douglas' paper. I was struck with what he said regarding the diagnosis of uterine myoma. His experience seems to be a complete duplication of my own. In almost every one of several such cases which are recorded the surgeon put the trocar into the tumor, expecting to get fluid. I put a hypodermic syringe in mine. I wish to endorse Dr. Douglas' views regarding the treatment of the pedicle. The method of Kelly seems to me to be unsurgical and impracticable.

Dr. Richard Douglas.—As to the danger from twisted pedicle, I said that when you see it in the primary stage, the patient is already in the stage of shock, the shock being due to hæmorrhage within the sac; that the hæmorrhage will be limited in amount, and the patient will not bleed to death. If you wait awhile, reaction will occur, and then is the time to perform the operation. That is the plan advocated by Bantock.

SELECTIONS.

JABORANDI AND PILOCARPINE IN BRIGHT'S DISEASE.

BY P. R. EGAN, ASS'T. SURG., U. S. A., EAGLE PASS, TEX.

The leaves of pilocarpus pinnatus have been used to produce sudorific effects for centuries. The alkaloid has been before the profession for the last twelve years. Nevertheless the truth of a recent statement will be readily admitted. Willoughby says (*The Lancet*, May 25, 1889): "There are few drugs of which the physiological action is so direct and palpable, but of which the therapeutic uses are so undetermined."

In the discussion which followed the reading of Dr. C. S. Wood's paper on "Some Points in the Treatment of chronic Albuminuria, or Bright's Disease" (*The Med. Rec.*, March 24, 1888), pilocarpine was mentioned by but one speaker. Dr. Page's faith in the drug was not of a very exalted nature. "Pilocapine," he added, "has been recommended for the purpose of eliminating this so-called uræmic poison. The chief objections to this remedy are its depressing effects upon the heart, and sometimes it causes such a profuse salivary secretion that the patient almost strangles." So, too, Heither, of Vienna; "He had never seen any good result follow the use of pilocarpine in renal diseases after ascites had once set in. He admitted that it produced its physiological effects of increased perspiration and urination, but believed these to be purely temporary, and to have no beneficial result; whereas the depression consequent upon the use of the drug was not seldom alarming."

Before the New York Academy of Medicine (*Birmingham Review*), Dr. Francis Delafield brought forward a paper on the "Treatment of Acute and Subacute Nephritis" (*The Med. Rec.*, March 23, 1889). It was discussed by seven representative physicians of that great medical center. But one referred to the use of pilocarpine—in truth, the remedy was almost ignored.

On the other hand the general concensus of recent authorities on materia medica is that expressed by Stille ("National Dispensatory"): "When dropsy arises in connection with desquamative tubular nephrites (especially scarlatinous), or even with interstitial nephritis, the medicine is very efficient; in the former case often leading to a cure, in the latter to a prolongation of life.

From Professor Wagner's clinic at Buda-Pesth comes the following: "When used according to the above mentioned principles (*quod vide*), pilocarpine will be found in most cases of Bright's disease, even when hot baths and other diaphoretics prove useless, always to diminish dropsy to such an extent that the patient is more or less protected against dangerous uræmic suffocative attacks. In this way it may be possible to obtain a relative cure; that is, in secondary granular contracted kidney" (*Brit. Med. Jour*).

In *The Lancet* for December 22, 1888, J. G. Marshall, B. A., M. B., Cantab, writes: "The value of jaborandi and its derivatives in the treatment of the dropsy of Bright's disease can not be overestimated. By its use I have relieved in several cases some of the most distressing features of this complication, and prolonged or rendered less painful the termination of life in others, but in none has the drug been exhibited with such satisfactory results as in the following cases:" Mr. Marshall then details the history of a fisherman, æt. 19 years, who contracted Bright's disease, for which he was unsuccessfully treated at home and in hospital. When he again saw him "his face was livid, and the swollen condition of the cellular tissue of his neck made it almost as broad as his shoulders. He coughed incessantly; there was copious intra-thoracic effusion, and the subcutaneous tissue all over the chest was 'doughy' to the touch. His abdomen was as big as a barrel, and there was an extensive œdema of the genitals. His legs and thighs were enormously swollen, and water was exuding from them. He was passing a small quantity of urine, which was of a dirty color and loaded with albumen." Mr. Marshall treated him with hypodermic injections of one fourth of a grain of pilocarpine hydrochlorate. In a fortnight he was relieved of his dropsy, and passing his usual quantity of urine, which still contained some albumen. Mr. Marshall adds: "I think the almost miraculous improvement which followed the use of the pilocarpine is worthy of recording, and (when one considers the usual helplessness of a condition such as I have described in a patient of this age, and from such a cause) that jaborandi and its alkaloids must occupy first place among therapeutic agents in the treatment of cases of this kind."

Although we may not agree with the statement of a recent authority that in puerperal eclampsia "nephritis is usually, if not always, present," (B. Holmes: *Medical News*, September 14, 1889), still it is sufficiently akin to acute and subacute Bright's disease to merit our consideration. Here, too, the same ambiguity prevails. The London Obstetrical Society cordially indorsed the opinion of Dr. John Phillips, that "although good effects were produced in 28 cases, yet in 9 such dangerous symptoms manifested themselves that he was bound to warn others against its use, especially when coma was pronounced" (*The Lancet*, October 13, 1888).

On the other hand, *The Lancet* for 1885 and 1886 contains an account by Dr. Horrocks, of Guy's Hospital, of two very severe cases treated successfully by the injection of one third of a grain of pilocarpine, repeated to obtain its physiological effects. Cessation of convulsions almost immediately followed the use of the injection; the os rapidly dilated, and the children were quickly expelled, but did not survive. The maternal mortality is generally 30%. A recent writer, however, gives 23 cases and no death (*The Med. Record*, September 7, 1889). *The Lancet* for 1886 also contains an account of 5 cases equally happily treated by Dr. Murphy with similar injections of pilocarpine. One case so treated by him had 33 convulsions in the seventh month of pregnancy, but was afterwards successfully delivered at term of a living child.

The writer desires to add 2 cases to the contribution of Mr. Marshall—one almost similar to his, but in which the result obtained by the use of jaborandi was better; the other a well marked case of acute Bright's disease, with total loss of vision, which was restored in one hour and a half by the use of pilocarpine. Jaborandi and pilocarpine would seem to be especially indicated in all forms of Bright's disease. Its sudorific effect promptly eliminates the poison pent up in the system. Its well-known power of relaxing nervous tension in status epilepticus and kindred conditions (S. B. Lyon, *Jour. of Nerv. and Ment. Dis.*, April 1889; Willoughby, *ut supra*) of the greatest service when eclampsia is threatened, or convulsions have already taken place. In a 5 years' experience (1882 to 1887) with joborandi and pilocarpine in large doses, we have never seen, among non-debilitated subjects, any worse results than emesis, which at one time or another has attended almost every drug we have used. In Case I., instead of increasing the œdema of the lungs as it is said to do, it relieved it after other remedies had failed.—*Medical Record.*

Digestibility of Boiled Milk.—It is now very generally recognized, both by medical men and by the more highly educated section of the community, that it is a wise precaution to boil both water and milk before using them as beverages, and the practice is becoming very common. The growth of pathogenic organisms in these fluids, epecially in milk, is often very rapid, and thus disease may be transmitted from one place to

another. The temperature of boiling water puts an end to the life of the microbes, and also to the danger of infection. Another reason why boiled milk is so much used, especially in infant feeding, is that is supposed to be more easily digestible than fresh milk. If, however, we can draw correct deductions from dogs to babies, it would now appear that this belief in the superior digestibility of boiled milk is founded on error. Dr. Randnitz, of Prague, has recently published, Hoppe-Seyler's *Zeit. f. Physiologische Chemie*, certain very striking experiments on this subject. He admits what everyone may confirm for himself, that milk that has not been boiled does not, on cooling and the subsequent addition of rennet, form a large coherent clot as does fresh milk; but a flocculent precipitate of caseine is produced instead. He shows, however, by analysis of the milk itself, and of the urine and fæces, that much less nitrogenous material is absorbed from milk that has been boiled than from the same milk when fresh. The digestibility of fat is apparently unaltered by boiling. The following figures, however, illustrate the fact just alluded to as to the difference of digestibility of the proteid materials: In three days, 15.6 grammes of nitrogen were given in the form of fresh milk; of this quantity, 13.3% was found in the fæces; the nitrogen of the urine accounted for 77.3%, so that 9.4% was retained in store by the growing animal. The animal was next fed on boiled milk; and 10.4 grammes of nitrogen was given in that form in two days; 18.6% of this was found in the fæces, 75.7 in the urine; so that only 5.7% was assimilated. The belief in the superior digestibility of boiled milk is, however, so widespread, that we should like to hear of the confirmation of the above remarkable result before we recommend mothers to leave off what is, from other points of view, the very praiseworthy custom of boiling milk they give to children.—*Brit. Med. Jour.*

Trephining of the Os Iliacum for Deep Abscess of the Fossa.—The Paris correspondent of the *Medical Press*, November 20, refers to a paper read recently at the Societe de Chirurgie by M.Terrillon, in which are cited two cases in which he had used trephining successfully. The first was that of a young girl æt.18 yrs., who came to consult him for a fistula in the neighborhood of the left superior and anterior iliac spinal process, consecutive to a vast abscess of the iliac fossa for which every kind of treatment was employed in vain. The secretion was very abundant, the general condition of the patient bad, so that when an operation was proposed, it was immediately accepted. A large incision was made along the iliac crest, the abscess was reached, situated between the bone and the peritoneum, with walls thickened with fungus deposit. With the curette these were removed and a counter-opening was made a little over the Fallopian arch, and the usual after-treatment ordered. The patient for a time seemed better, but little by little the fungosities returned, fistulous tracts were established and at the end of five months the condition was as bad as the first day. After another careful examination of the parts, M. Terrillon came to the conclusion that the obstacle to the healing of the purulent cavity lay in the difficulty of bringing such a movable wall as the peritoneum into contact with a rigid osseous wall, and resolved to trephine the bone. For this purpose he made an incision down to the bone three inches above the great trochanter, the lips drawn aside, the periosteum detached with care, and the trephine applied; when the bone was pierced, the cavity was cleaned out as well as possible, and a large drain introduced. Amelioration was very rapid; at the end of a month the patient was much better, and in four months the cure was complete. Another case, that of a young man who was suffering from psoas abscess, was treated in a similar manner and with a like happy result.—*Boston Med. and Surg. Jour.*

The Garter and Varicose Veins.—Just as the garter has begun again to become an *objet de luxe* and to receive the thought and inspiration of artistic minds, the sanitarian has put his foot down and said that the garter is a source of disease. By constricting the limb it impedes the flow of venous blood and leads to the production of varicose veins, œdematous ankles, and other morbid conditions. Such has been the view taken at a recent discussion of the subject by English physicians. We fancy that the garter, like many others of the things of this life, may be a thing of beauty, or of evil; it may adorn loveliness, circumscribe angelic outlines, and support comfortably and artistically and healthfully the superior circumference of knit goods; or it may constrict, asphyxiate and puff up sound and symmetrical limbs into varicose and variegated ugliness. Those who have seen dispensary service can recall the heavy Irish ladies who sit down and laboriously untie the tight string or dirty rag which holds up the stocking, and expose the varicose ulcer, rich in excretions and blushing phlegmonously over its state. This represents, no doubt, the worst phase of the garter, and the class of cases in which it may do harm.

But, as a rule, the garter is a source of no disease. Varicose veins occur oftener in men than in women, and proportionately oftener in athletes and men trained to severe exertion. There are many things, indeed, which cause them, and artificial constriction of the limbs seems to be a very remote and rare factor. In England we are told that the demand for "anti-varicose" stockings is chiefly made by full fed men who lead sedentary lives and drink more than is good for them. A wearer of anti-varicose stockings feels worse after a series of dinner-parties, when the tempting varieties of the *menu* lead him to indulge too freely in the pleasures of the palate.

Obviously, no very bad case can be made out against the garter, combining the maximum of support with the minimum of constriction, blending harmoniously with the hosiery and the circulation. The garter has come to

stay; and the doctor had better prescribe a proper kind than preach its abolition.—Ed. *Med. Rec.*

Ammonia in Cocaine Poisoning.—A case of poisoning by a very moderate quantity of cocaine is reported by Dr. Golovkoff, in the Proceedings of the Caucasian Medical Society, where ammonia was used with good effect to restore the patient. The patient was a somewhat delicate woman, who was suffering severely from toothache. The pain becoming unbearable, Dr. Golovkoff injected fifteen minims of a 2 % solution of the hydrochlorate of cocaine under the skin of the left cheek, which gave relief for 3 or 4 hours, when the pain re turned as acutely as ever. A second fifteen minims were injected, and in about five minutes' time the patient became restless, her pupils dilated, the surface of the skin became pale, the pulse and likewise the respiration became rapid, and shivering came on; the respiration soon ran up to 200 per minute, and was labored. A curious effect, too, was produced on the sounds of the heart, causing them to be audible at the distance of two paces from the patient. There was great pain over the cardiac region and back, together with a dread of death and convulsive movements of the limbs. There was some liquor ammoniæ at hand, and this the patient was given to smell and a few drops were given internally every five or ten minutes. Amyl nitrite was also employed, but the latter seemed to do more harm than good, while the ammonia soon brought the pulse and respiration, and indeed the general condition of the patient, into something more like their natural condition, so that in about a couple of hours she had quite recovered. Dr. Golovkoff remarks that the only case he had been able to find in medical literature where ammonia was used as an antidote in cocaine poisoning was one by Dr. Gooding of Barbadoes, reported in the *Lancet* of 1888, vol. p. i., 394, and copied into the *Meditsinskoe Obozrenie.* (This was a case of a negress who had developed alarming spmptoms after less than half a grain had been injected into the gum; she was treated by hypodermic injections of ether and ammonia).—*Lancet.*

Treatment of Simple Chancre with Resorcin.—Dr Leblond, physician to the St. Lazare Hospital for venereal diseases of prostitutes in Paris, has been experimenting with resorcin in his service in the treatment of chancroid. He has the ulcer sprinkled each day with powdered resorcin, and the following morning the surface is gently cleansed. So long as the base of the sore has a grayish color he continues the applications. In general, at the end of five or six days, the whole surface of the wound has taken on a rosy hue and shows healthy granulations. A dressing is then applied consisting of a five-per-cent solution of resorcin, and cica trization quickly follows. Further, the author remarks that as soon as the sore is well cleansed and no longer presents a characteristic gray base, any appropriate dressing will bring about a rapid cure. The resorcin is thus only useful, like pyrogallic acid, when thus employed, to transform the virulent chancre sore into a simple ordinary wound by destroying the contagious and inoculable agent. When the chancre is recent, resorcin will cure it in a fortnight, and it is rare for adenitis to develop in these cases. When adenitis is already present at the time treatment is begun, it results in spontaneous resolution in two-thirds of the cases. When glands have suppurated, the author opens them with the bistoury, irrigates the wound with a five-per cent solution of resorcin, and dresses them with resorcin in powder. He has never observed phagedenism, but healing of buboes treated by this method has always been slow. Resorcin dressings are well supported, and only cause a burning sensation which is easily borne.—*Jour. Cut. and Ven. Dis.*

Symptoms of Chronic Arsenical Poisoning.—At the meeting of the Academy of Medicine of Paris, July 2, 1889, M. Brouardel read, in behalf of M. Gabreil Pouchet and himself, the result of their observations in certain medico-legal cases. When arsenic is given in small doses for a considerable length of time, four periods of intoxication may be distinguished. The first is that of digestive troubles. There is frequent vomiting, easily performed, and not accompanied by any pain or burning sensations. The vomited matter consists of mucus mixed with bile. Constipation is often present; diarrhœa is rare. The second period is marked by laryngo-bronchial troubles and by various eruptions. The rash may be vesicular, vesiculo-pustular, or urticated, and has no distinctive characteristics. In the third period nervous disorders make their appearance—intense headache, numbness, painful cramps, etc. In the fourth period paralyses occur. The impairment of motion is but slight at first, but gradually becomes more pronounced. The facial muscles and the sphincters are not involved.

Cure is the rule in this form of arsenical poisoning. If death does take place, it occurs by heart failure.

M. Gautier stated that a description of this species of intoxication had already been given by M. Skolozuboff, who had the opportunity of studying it in the inhabitants of Moscow. These people are in the habit, before going to bed, of dusting themselves with an insect powder, which is, in fact, arsenic.—*La Tribune Medicale.*—*Med. Bull.*

Lemon Juice for Bleeding of the Nose.—In a case of epistaxis which had resisted various modes of treatment, including plugging of the anterior nares, Dr. Fauchon (*Rev. gen. de Clin. et de Therap.*) obtained a cure by means of the local application of lemon juice. An injection of the juice was made by a glass syringe into the nostril from which the blood was escaping, with the result of immediately arresting the hæmor rhage.—*Druggist's Circular.*

BULLETIN BOARD OF NEW MEDICAL PUBLICATIONS.

Among the recent medical publications we notice the following:

By F. A. Davis, 1231 Filbert St., Philadelphia:

Spinal Concussion: Surgically Considered as a Cause of Spinal Injury, and Neurologically Restricted to a Certain Symptom Group, for which is suggested the Designation, Erichsen's Disease, as one form of the Traumatic Neuroses. By S. V. Clevenger, M.D., Consulting Physician in the Reese and Alexian Hospitals; Late Pathologist County Insane Asylum, Chicago, etc.; price $2.50.

Electricity in the Diseases of Women, with Special Reference to the Application of Strong Currents. By G. Betton Massey, M.D., Physician to the Nervous Department of Howard Hospital; Late Electro-Therapeutist to the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases; Member of Am. Neurological Society of the Franklin Institute, etc. With New and Original Wood-Engravings. 12mo, cloth, $1.50.

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Minor Surgery and Bandaging: A Manual for Hospitals, Surgeons, Physicians and Students. By Christopher Heath, F.R.C.S., Surgeon to University College Hospital, and Holme Professor of Clinical Surgery in University College, London, etc. Ninth Edition Revised. 146 Illustrations. 61 Formulæ. Diet tables of several London Hospitals, etc. 12mo. 361 pages. Cloth, $2.00.

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Archives of Surgery. Colored Plates. Part I Ready. Edited by Jonathan Hutchinson, LL.D., F.R.S., Consulting Surgeon to the London Hospital. To be published quarterly. Paper; 75 cents per Part; per Vol., $3.00.

The Cure of Crooked and Otherwise Deformed Noses. By John B. Roberts, A.M., M.D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic. 13 Illustrations. 8vo. Paper, 50 cents; cloth, 75 cents.

Surgical Handbook, for the use of Practitioners and Students. By F. Mitchell Caird, M.B., F.R.C.S., and C. Walker Cathcart, M.B., F.R.C.S., Assistant Surgeons Edinburgh Infirmary. With over 200 illustrations. 32mo. Pocket size. Leather covers, $2.50.

The Diagnosis and Treatment of Extra-Uterine Pregnancy. Being the Jenks Prize Essay of the College of Physicians of Philadelphia for 1888. By John Strahan, M.D. (Univ. of Ireland), late Res. Surg. Belfast Union Infirmary and Fever Hospital, with complete Bibliography and Index. Octavo. Cloth, $1.50.

International Medical Annual.—The 8th yearly issue of the "International Medical Annual" (for 1890) is announced for early delivery. The prospectus gives promise of excellencies surpassing all former editions. Its thirty-seven editors in the several departments are to give a summary of new remedies alphabetically arranged, also a resume of New Treatment in Dictionary form; with references to the Medical literature of the world pertaining to the year's progress of Medicine.

Such a practical and helpful volume is of inestimable value to the medical profession. In one volume of about 600 octavo pages; price, $2.75, post free.

E. B. Treat, Publisher, 5 Cooper Union, New York.

Eucalyptus in Cancer.—I lately had a cancer of the breast in which the ulcerating surface was about 8 inches by 6. The odor from the discharge was most sickening and offensive, and it was made worse by the odor of the carbolic acid which they were using. No one could remain in the room long with the patient on account of the intolerable smell. The carbolic acid was stopped, and the eucalyptus disinfectant used. The wound was sprayed with it, as also the lint with which it was dressed; tenax was wetted with it and placed under the wound to catch the discharge, and, by the use of a spray diffuser the air of the room was filled with the fragrant odor of the eucalyptus. All offensive smell at once ceased, and there was only the smell of the ordinary suppurating surface.

In a case of cancer of the sigmoid flexure where the discharge was frequent and very offensive, the injection of a small quantity of eucalyptus emulsion twice a day stopped the offensive odor, and checked the frequency of the discharges. In a case of cancer of the neck of the uterus, the offensive smell was stopped, the discharge lessened in quantity, and the tendency to hæmorrhage diminished.—J. Brendon Curgenven, in *Brit. Med. Jour.*

As to Calendars.—The handsomest and most artistically arranged calendar for 1890 that we have seen is the one entitled "Roses All the Year," sent out by the Manager of the Passenger Department of the Missouri Pacific Railroad.

ORIGINAL ARTICLES.

ON THE INDEPENDENCE OF THE LOCAL VENEREAL DISEASES.

BY BRANSFORD LEWIS, M.D., ST. LOUIS.

Read before the McDowell Medical Society, November 11, 1889.

Before coming to Henderson I learned that my friend Dr. Lydston would read a paper on "The Evolution of the Local Venereal Diseases," and, having some notions on the subject, which I knew from certain writings[1] of Dr. Lydston, to be in opposition to my own, I thought I could probably present them to better advantage and with less consumption of time, from manuscript than in oral discussion.

It has finally been settled, I believe, that the "world do move." But verily it doth move in a circle—in its opinions as well as in its orbit. As an instance of this, I have only to recall to your minds the fact that, centuries ago, the distinction was universally made between chancroid and gonorrhœa (syphilis was then probably unknown); when syphilis made its debut into society in the fifteenth century, the distinction between the three was at first adhered to; then, confused by the similarity of the manifestations of the infecting and the local sores, they considered chancre and chancroid to be the same; finally, amazed and distracted at its destructiveness and ubiquity, as a sort of propitiation to the god, Syphilus, I suppose, they threw in gonorrhœa and called them all syphilis. And when they found in mercury, a remedy capable of coping successfully with the latter disease, they gave it right and left, for gonorrhœa, chancroid, syphilis, herpes and other affections of these organs. Starting over again, after a few hundred years, by a gradual process of argumentation, investigation and deduction—the Darwinianism of pathology—gonorrhœa was first rescued from the trinity, after which, by further effort, persistent and courageous, the two were separated, and recognized in what was thought to be, at last, their true colors.

Are we again to go back to our old starting point, and wrestle with the belief that gonorrhœa, chancroid, chancre, herpes,[2] etc., are interchangeable, are merely different phases of the same disease, whose connecting link is a metamorphosis of their microbic factors? Must we believe that it is only this trivial biological transformation that bridges over the chasm that has been considered as dividing so effectually and irreconcilably these diseases?

Let us see.

It is said that inoculation of gonorrhœal pus produces chancroid; and that inoculation (into the urethra) of chancroidal pus produces gonorrhœa; ergo, these are interchangeable.

Elsewhere[3] it is claimed, in substance, that inoculation of chancroid produces chancroid; and inoculation of irritated chancre produces chancroid; ergo, chancroid is but a manifestation of chancre under peculiar conditions.

Lucky the man who is so favored by fortune and the temper of the inoculating agent as to receive only the chancroidal phase of the contagion!

The basis for the whole argument is the supposition that, through the influence of various conditions and circumstances, the organisms which cause these several processes may be so changed as to change the character of their product; chameleon-like, they alter their color to suit their surroundings and circumstances. The proof of this is offered in the effects of inter-inoculation, and in cases from practice, in which gonorrhœa and chancroid were apparently begotten by virtuous women, incapable of giving a *venereal* disease, or by filthy women who lacked the disease itself.

Although Dr. Lydston does not try to show any such relation between chancroid and chancre, he might with equal propriety do so. For inoculation with the inflammatory products of a chancre, which has been irritated by various means, produces a corroding ulcer which resembles chancroid so closely that it cannot be distinguished from one, and in such cases, syphilis may, and frequently does *not* follow as a result of the inoculation. Indeed, an able writer[4] maintains, by a well prepared argument, that such is really the origin of chancroid; that it is but a sequel of syphilitic inoculation that suppurates.

In the first place, a claim of this sort must necessarily carry with it the admission that there is a pathogenic *gradation* between these several forms, let us say, of the same disease,—a gradation between chancroid and gonorrhœa, and a gradation between chancroid and irritated chancre; a gradual merging of the one into the other. The writer last referred to, calls attention to the belief of some, himself among the number, that horse and cow-pox are but modifications of small-pox, and says that "it only remains to add that the researches of Pasteur on the attenuation of viruses lends the strongest scientific support to the results of chemical experience." If we study Pasteur's experience with attenuated virus, we will see that the virus, in its different strengths, manifests a gradation of effects, all the way from death, to simple protection from future inoculation, or even no effect at all. There *is* an evolution from malignant to virulent, and from virulent to benignant; and the same graded changes may be brought about in the reverse order. But in all these various manifestations we can trace a marked family resemblance. It is the same disease,—only the question of intensity of virulence marking their dissimilarity.

[1]Gonorrhœa. Medical Age, October 10, 1889.

[2]Otis, Genito-Urinary Diseases.

[3]On the Nature of Chancroid. Dr. W. A. Hardaway, St. Louis Courier of Medicine.

[4]Ibid.

That Dr. Lydston endeavors to have the phenomena as presented by these pathological sequences, to which he refers, conform to this universal rule, is seen when he says:[5] "The bacteria that develop in filthy sewers take on changes that result in qualities characterized by a greater degree of virulency than that possessed by their progenitors which exist in the outer world, and when transplanted to a new location, again develop by procreation a new and slightly modified bacterial form, and this product is still more virulent."

I confess that if we were to pursue the subject no further than the simple discovery or acknowledgment that inoculation of gonorrhœal matter will produce urethritis, the claim for the existence of the family resemblance might still be maintained; and the inter relationship might seem to be very close. And were we likewise to say simply that chancre and chancroid are interchangeable to the extent mentioned, *their* close relationship would appear to be sustained. But when we think of the great difference that is shown between the ultimate effects of chancre and chancroid, the slight turning of the scale in the one or the other direction determining the enormous difference between these two processes, of systemic infection and possible life-long continuation, on the one hand, and strictly local manifestation of a more or less transient duration on the other, we cannot reconcile this with any known laws of evolution. There is no family resemblance here; no mere difference in the intensity of the attack. There is a radical difference in the *nature* of the two. This, I think, Dr. Lydston, will admit. So that the definite differentiation between these affections is arrived at by observing the difference in their course and ultimate effects; and the resemblance and inoculatory relationship spoken of go for naught. It is on this score, then, that we must pursue the argument,—if we rob the gonococcus of his pathological personality, as Dr. Lydston evidently tries to do.

I would call attention to the marked difference in the incubation period of the two, chancroid having practically none, beginning its ulcerative action immediately it is deposited, while that of gonorrhœa is generally three to five days, and may be as long as ten or twelve. From the nature of the parts, we would expect just the reverse; that the infection would occur much more quickly on the tender mucous surface than through the tough skin. The difference in the susceptibility of animals to inoculation with products of the two diseases, forms an essential and material objection to any family relationship between them. Chancroid is readily inoculable on them, gonorrhœa not at all. If the gonorrhœal infection is so easily transmissible as chancroid, for instance, in a single intercourse, as Dr. Lydston would have us believe, when he says that leucorrhœal or filthy discharges from a non-venereal female may give rise to herpes and chancroid (stages of the same process) in the male, how will he account for those cases in which chancroids exist behind a tight prepuce, spread and suppurate, corroding the tissues of the glans penis, and yet there be no urethritis, or at least only a slight one, that disappears on removal of the foreskin? Here surely may be found all of the elements invoked by him as explanatory of many urethrites, viz., suppuration, filth, decomposition of the worst degree, confinement with increasing virulency of the products, and continuous bathing of the lips of the meatus with this acrid secretion. And yet there may be no inflammation of the urethra.

On the other hand, it is not uncommon for gonorrhœal pus, pent up by a tight prepuce, to produce nothing worse than a diffuse balanitis—an affair very different from corroding chancroidal ulceration.

Again, suppose we admit the Doctor's assertion that chancroid of the urethra produces urethritis, we do not suppose he will maintain that such a urethritis will present the characteristics of gonorrhœal urethritis; for we find him expressing himself thus: "Strange to say, true ulcerations of the urethra never result from gonorrhœa *per se*, but from chemical or traumatic urethritis, and are found behind the obstruction in certain old cases of stricture." And yet we know that chancroids of the urethra do produce ulcers of its membrane. So, from the Doctor's own words, we reject such a urethritis as having any weight in proving the alleged relationship between chancroids and clap. Were this relation a fact, urethral chancroid, instead of being a rarity, would be a common incident.

Again, experimentation has shown that the infecting element of chancroid resides in the pus globule; but researches for the purpose of disclosing anything further than this regarding the virus, its form, its nature, or its appearance, have ever been in vain. Indeed, inoculations except *with the pus-corpuscle* have always proved fruitless. But is this true of gonorrhœa? Not by any means. So far from investigators resting content with the discovery that its contagious agent resides within the pus-corpuscle, they have gone further and have discovered, described, cultivated and inoculated on virgin soil, this morbific agent itself, stripped of all material that might in any way carry with it a virus; and above all, such inoculations from pure cultures of the twentieth generation have borne fruit in as beautiful and typical gonorrhœas as one could desire. And never a chancroid was produced by such an inoculation, either.

We are forced, then, to believe that there is a real and material difference between true gonorrhœa and true chancroid; and if one is disinclined to put faith in the interpretation of the microscope, the clinical panorama yet remains as a guide to a reliable differentiation between the two.

1006 Olive Street.

They Might Try Stavesacre.—The medical profession of Cincinnati is infested with all sorts of parasites. —*Medical News*, December 7, 1889.—*Medical Record.*

[5]Gonorrhœa. Medical Age, October 10, 1889.

MENORRHALGIA AND MENORRSPASM.

BY G. BETTON MASSEY, M.D.

The list of pathological views that have been advanced in accounting for what is usually called dysmenorrhœa is somewhat extended, even when the term dysmenorrhœa is restricted to the uterine type of painful menstruation, excluding ovarian and inflammatory pains and true neuralgia. Those most prevalent at the present time, I believe, are, on the one hand, the mechanical theory of obstruction from stenosis or flexion, which may be called the Marion Sims theory, and the parametritis theory of Schultze. It is not sufficiently well known that this latter observer has completely upset the first or obstructive theory of painful menstruation by demonstrating that a sound may be passed, during the crisis of a supposed example of accumulation, without encountering fluid. Such a view is also weakened by the examples of stenosis and anteflexion that occur without painful menstruation. Yet Schultze's theory of parametric inflammation as a cause, seems to me unsatisfactory. That it has failed of practical acceptance by those even who advocate it is shown by their adherence to dilatation as a means of cure.

In that excellent picture of painful menstruation contributed by W. Gill Wylie to the "American System of Gynæcology," another pathological condition is suggested,—hyperæsthesia of the endometrium. That an hyperæsthetic condition of the cavity does exist in these cases, I think any one who has passed a sound into them will admit. The exclamations of pain when the internal os is passed are most characteristic, and, in cases where a proper gentleness has been observed, must be other than normal; but I do not think that the word hyperæsthesia is sufficiently comprehensive as a designation of this condition. Dysmenorrhœa, or difficult menstruation, is a partial description of the occurrence. In view of these facts I wish to present in brief to this society a new conception of the condition involved in painfnl menstruation as it has been suggested to me by recent clinical studies; and I also desire to propose a a more useful name as a disignation of the condition.

Abnormal pain at the menstrual period usually precedes the appearance of the flow, or it may follow a slight show, and be succeeded by a normal flow. As a rule, there is no flow at the moment that the pain is greatest. These facts have been the clinching arguments in the obstruction theory; but do they prove it? The absence of dilatation of the cavity above the point of apparent obstruction is significant. This, coupled with Schultze's observations is fatal to the theory. The dependence of pain upon spasm, however, is clear, and the absence of flow, or slight flow, during the continuance of pain only shows that the spasmodic condition of the uterus interferes with the excretory duties of the mucous membrane. Gastralgia during the continuance of nervous dyspepsia, and simple intestinal colic, are analogous conditions. If I am right in this matter, the use of the word dysmenorrhœa should be discontinued, as it forever suggests a mere mechanical condition. In its stead I propose the term *menorrhalgia* as a symptomatic designation that is etymologically in accord with the associated terms, and does not tie us to a theory. If, again, it is believed that a given case of menorrhalgia is due to an inhibitory spasm, it should be called a *menorrspasm.*

This menorrspasm is usually accompanied by a permanently hyperæsthetic condition of the endometrium, and is often indicated between periods by a spasmodic stricture of the internal os when an attempt at sounding is made. Exactly how much of this intermenstrual stenosis is spasmodic and how much fibrous, remains to be proven. The existence of the fibrous variety is, of course, undoubted; but the ease with which ether relaxes many canals sufficiently to permit a dilator to be inserted, indicates that they cannot be common, for of course an anæsthetic could have no effect upon fibrous tissue.

Pathological anteflexion is also frequently found associated with menorrhalgia; but since the equal degree of this form of deviation may be found without pain, there can be no essential relation of cause and effect. The same may be said of chronic endometritis and metritis. The frequency of menorrhalgia and its probable cause—menorrspasm—during a chronic metritis, without any evidence of stenosis, is an additional proof of the non-mechanical nature of this condition, as the inflammation would doubtless interfere with contraction, and aggravate spasm at the same time.

In presenting these conceptions as a novelty, I do not wish to be understood as claiming the idea of spasm as connected with painful menstruation. Such a condition has been conceded all along, as is well understood by the patients themselves when they speak of "cramps." But the contractions have been supposed to cause pain, because the flow was pent up. The spasm, as an inhibition of a normal excretion, has not been dwelt upon.

Menorrspasm,in brief,may be said to be a neuro-myotic storm of the uterine neuro-muscular apparatus, which renders the excretion of the menstrual fluid temporarily impossible. Its remote cause may be traced to all those influences in modern life which hinder proper development of animal life in young women.

The treatment of the disease is both general and local. Many cases get well after regulation of the bodily functions and the correction of imperfect hygiene, but many resist such measures. Of these a goodly proportion will yield to precutaneous application of the galvanic current, poles being applied to the hypogastric and lumbar regions, and a current of from 25 to 50 ma. being turned on without shock. But often we must resort to local treatment; and of the nature of the local treatment that is most appropriate I have had some very positive experience—an experience, in fact, which led to the conception of the pathological condition advocated in this paper. Forcible dilatation certainly cures many cases,

doubtless by paralyzing the irritable fibres, as in fissure of the anus, and by stimulating nutrition; but it is not a sovreign remedy in a large proportion of cases. In my experience a more certain and less formidable remedy may be found in the intra-uterine action of one pole of a galvanic current—usually the negative pole—when a promotion of flow is desired with a current varying from 15 to 20 ma. *pro re nata.* A few such applications, during one or two intermenstrual periods, has cured a number of cases in my hands. A typical case was that of a young French girl, æt. 24 years, who had been menorrhalgic since puberty, becoming much worse during the year preceding her application for treatment. She was badly constipated, and I at first exepected to relieve her by correcting this, but her next menstrual period was as bad as ever. Examination then showed a small uterus with healthy surroundings. The sound could not be passed beyond the internal os. Twenty-five milliamperes, positive, were given for two minutes with the electrode in this position. Six days later the same instrument went to the fundus, without the use of a tenaculum, and forty milliamperes were given. This was followed by an easier flow than for several years. Two similar applications were made during the next intermenstrual period, followed by a painless flow. Since then five menstrual periods have passed, all normal and free from pain.

Among my notes of married women treated in this way for menorrhalgia, three who were apprently sterile have become pregnent and borne children.

As contrasted with forcible dilatation this method is simple, does not require an anæsthetic, and may be employed in young girls without the use of a speculum.

REPORT ON PROGRESS.

THERAPEUTICS.

BY F. NEUHOFF, M.D., ST. LOUIS.

Olive Oil for Gall-Stones.

In the *Med. and Surg. Reporter*, Dr. Mays cites the clinical histories of three cases of biliary calculus, which yielded promptly to dessertspoonful doses of sweet oil administered every three hours. No recurrence of the colic was noted in any of the patients, although one of them had for many years been subject to frequent attacks of this most painful malady.

Glycerine of Borax in Diarrhœa of Infants.

E. Mausel Sympson (*Lancet*) has found glycerine of borax to answer capitally in diarrhœa of infants. The children like it, it lessens griping, renders sweet the offensive motions, and stops the diarrhœa. Its use may be supported by the following theoretical arguments: In diarrhœa infantum, the character of the motions suggests excessive fermentation of the contents of the alimentary canal. Glycerine and borax both possess well known antiseptic and soothing properties. The ordinary dose for a child is about twenty minims given every one, two, or three hours, according to the severity of the symptoms. The medicine should be diluted with a teaspoonful of distilled water, and flavored to suit. According to the British pharmacopœa, glycerine of borax is composed of one ounce of borax and five fluid ounces of glycerine.

The Administration of Chloroform.

Deaths from anæsthetics have been painfully numerous of late. The following clipping from the *Lancet* comes a propos.

M. Dastre lately made a communication to the Societe de Biologie relative to the dangers of anæsthesia by the use of chloroform, and recalled that he had always prevented these dangers in dogs by preceding the administration of the chloroform with a subcutaneous injection of atropine associated with morphia. He remarked that death which occurs during anæsthesia is often due to an irritation of the pneumogastric ganglia, which produces arrest of the heart and death by syncope. The atropo-morphinic injection has the effect of preventing the production of this excitation.

How to Abort a Cold.

The methods hitherto in vogue, for the treatment of "cold in the head," are so troublesome, disagreeable and uncertain, that most persons still prefer to let their cold wear itself out unmolested.

In a recent number of the Boston *Med. and Surg. Journal*, G. M. Garland, M.D., reports his experience with a remedy for cold, which appears to be free from all the above objectionable features. Tincture of euphrasia officinalis does not disturb the digestion; it is pleasant to the taste, and when administered in ten drop doses every two hours, aborts or greatly shortens and ameliorates any attack of cold in the head, which has not yet gone on to the mucopurulent stage. The medicine may be given to children, in smaller doses. It should always be largely diluted with water.

Hot-Air Breathing in Consumption.

Mosso and Rondelli have made a number of practical tests by experiments on animals in order to determine the temperature of the exhaled air when it is inspired at a temperature of about 200°C.

Weigert's apparatus was employed. A thermometer was inserted into the trachea of a dog, which was forced to breath heated air. It was found that directly under the larynx the temperature had already fallen to 37.8° C. Other experiments showed that the exhaled air being saturuted with moisture, is of the same temperature whether inspired at 180° or 18°. (*Deut. Med. Woch*).

(Boston *Med. and Surg. Jour*). These experiments prove incontrovertibly what clinical observation has already led us to suspect, namely, that hot air inhalations can have no influence on the development of tubercle bacilli in the lungs.

Nitroglycerine in Emergencies.

In an interesting article in the *Lancet*, Dr. Joseph Burroughs, of Ontario County, N. Y., calls attention to the value of nitroglycerine as an emergency stimulant. He recommends it as a substitute for alcohol, and also for nitrate of amyl in the resuscitation of persons overcome with chloroform or ether. The dose is one drop of a 1% solution. This may be taken in water into the stomach. If there is great haste, or if the patient can not swallow, from unconsciousness, one drop can be placed within the lower lip or upon the tongue. The drug may be given hypodermically, but so rapid is its absorption through the mucous membrane of the mouth, that not much time would be gained by the use of the syringe.

The physiological effect of nitroglycerine consists in a strengthening and regulating of the pulse. In order to obtain this result, it may be necessary to repeat the one drop dose three or four times. After too large a dose, the face becomes flushed, severe headache is experienced accompanied by a feeling of fullness, singing in the ears, flashes before the eyes, and all symptoms of increased supply of blood to the brain.

In the event of poisonous manifestations, the agonizing headache may be relieved by compression of the carotids. The antidotes are: strychnine, ergot and belladonna.—*Med. and Surg. Reporter.*

Drainage in Ascites.

In the October number of *Practice*, J. R. Hicks, M.D., reports a case of ascites, presumably of hepatic orgin, which was relieved by a rather novel expedient. The rapid accumulation of the fluid called for repeated tapping. Each tapping, however, caused such a shock to the patient that a fatal issue was feared. Dr. Hicks devised a drainage tube, by cutting off a silver catheter about two and a half inches from the perforated extremity. To prevent slipping, a piece of silver about the size of a ten cent coin was fastened to the tube at a point about one half inch from the open end. The perforated end was now introduced into the abdomen through the puncture made by a trocar. The external opening of the tube was closed by a cork, to prevent the entrance of air. The tube was kept in position for six months. Daily removal of the cork drained the peritoneum without the slightest inconvenience to the patient. Tonics and diuretics were not omitted, and at the end of the six months the water ceased to accumu late. Since then (a period of three years) the patient has been a well man.

Such a fortunate termination as occurred in this case can not of course be anticipated in all cases of ascites. But even in cases which go on to a fatal issue, the above method of treatment will be a welcome innovation to both patient and physician.

Creosote in Diabetes Mellitus.

Dr. Vincenzo Valentine relates the histories of two brothers who were both afflicted with diabetes mellitus. In spite of the meat diet which was prescribed by Prof. Contani, the urine of both patients continued to be loaded with sugar. The administration of creosote (gradually increased from four to ten drops per day), soon caused the total disappearance of sugar from the urine. No return of the sugar was noted even when the patients partook freely of amylaceous and sacharine diet. The anthor emphasizes the tolerance for creosote which both patients exhibited.—*L'osservatore. Deut. Med. Zeit.*

Nettle Twigs as Epispastic.

After an experience of nearly one hundred thousand applications of the nettle twig, Frankoswki concludes that this method of urtication has considerable advantage over ordinary derivative remedies, since it does not irritate the kidneys and leaves no permanent marks on the skin. In anæsthesia, paralysis, neuralgia, particularly sciatica of peripheral origin, and in incipient tabes, he finds it especially productive of good results. By urtication of the lumbar, sacral and internal femoral regions the menstrual flow may be excited in amenorrhœa. In muscular, articular and rheumatic pains, the author combines cold bathing with the urtication, and finds it more useful than any other method of application.

In syncope, asphyxia, concussion of the brain, coma, etc., general urtication is invaluable as a resuscitating measure, and has been successfully resorted to by the Russian peasants from time immemorial.—*Philadelphia Polyclinic.*

Boldo in Cirrhosis of the Liver.

The value of baldo in hypertrophy and congestion of the liver is pretty well admitted. In the *Revue Medico-Pharmaceut.*, Dr. Campenon writes that he has recently had under his care two cases of cirrhosis of the liver characterized by increase in the volume of that organ, dilatation of the subcutaneous veins, and slight ascites, in which he attributes cure to the use of boldo.

The alcoholic preparations of the drug yield the best results, especially in cases where there is at the same time dilatation of the stomach. Dr. Campenon's method of prescribing is as follows: For the first day 5 drops of tincture of boldo are given in a little water a few minutes after eating; 6 drops are given the second day, and the dose is increased each day until 15 or 20 drops are given at a dose.

When this maximum is reached, the dose is then

diminished little by little until it reaches 5 drops, and then again for the second time, increased. To produce relief, the treatment must be of long duration and attention must be given to regulating the patient's diet.—*Therapeutic Gazette.*

When to Administer Bitter Tonics.

In the *Zeitschrift f. Klin. Med.* is published an account of 173 experiments conducted by H. Reickmann upon men,to determine the effect of the ingestion of bitter tonics upon the function of the stomach. Some of the subjects were healthy and others not. The bitter drugs used were gentian, quassia, absinthe, chronia and menyanthes. The results were practically identical with all these drugs.

In the empty stomach, no matter whether the gastric secretions were normal, increased or diminished in quantity, it was found that after the ingestion of a bitter infusion the activity of the secreting glands was diminished to a greater degree than after the introduction into the stomach of an equal quantity of distilled water.

If the bitter infusion be taken into the stomach fasting, after the disappearance of the medicine from the stomach there is an increased secretion from the gastric glands.

Mixing a bitter infusion with the food interferes with the digestion; the mechanical activity of the stomach also seems to be interfered with by the use of the bitters.

The long-continued use of bitter tonics brought no change in the function either of the healthy of unhealthy stomach.

As the result of his experiments the author advises the administration of bitter tonics only where the secreting activity of the stomach is interfered with, and furthermore that the medicine should always be taken about half an hour before eating.—*Northwestern Lancet.*

Action of Salicylates on the Uterus.

The action of the salicylates upon the uterus has been studied by Wacker (*Cent. f. Gyn.*, 39), who made the surprising discovery that they possess the power of contracting the uterus and producing metrorrhagic and anti-dysmenorrhœic effects. In two cases of pregnant rheumatics, in the second and fourth months, a dose of forty-five grains *ter die* produced abortion. In six rheumatics during child-bed the same dose increased the lochiæ in each case, and reinstated it in one on the twenty-eighth day. In one case the hæmorrhage produced by it proved fatal. In five cases in which it was given shortly after the menstrual period, the flow returned. In 33 cases of dysmenorrhœa and suppressed lochiæ, 19 were favorably influenced.

These results are in accord with those of Labadie Lagrave, Britt, Bucquoy, Sabatowsky, and Ballette. The fever cannot be regarded in these cases as the cause of the abortion, because it never exceeded 39.3°, and never reached the temperature of 40 41° C., which, according to Kuminsky, Winckel, and Runge, kills the fœtus. It is probably the hæmorrhagic effect of the salicylates, which has been observed in the ear and eyes, which produces the congestion and hæmorrhage in the mucous lining of the uterus.—*Times and Register.*

TRANSLATIONS.

RICORD.

ADDRESS BY ALFRED FOURNIER.

Translated by Wm. N. Beggs, A.B., M.D.

Gentlemen: I have related to you what was the condition of syphilography before Ricord's time. I shall now justify the term *revolutionist* which I use to qualify Ricord above all others by explaining to you the tenets which he has substituted for those which, prior to his time, ruled in syphilography.

This is what he taught:

It is not a question of *one* venereal or syphilitic disease. There are several venereal diseases, among which *one syphilitic* disease takes its place. All the so-called primary venereal affections constitute morbid conditions, each having its own proper individuality, its own autonomy. Thus syphilis is syphilis, and has nothing in common with the other primary venereal affections. Of all these affections (and this was originally the most startling of his doctrines) *there is only one* which is capable of creating a constitutional infection; that one is syphilis, pox, which always begins with the chancre. And, finally, of all these diseases there is only one, syphilis, which calls for a depurative treatment, and the only treatment which deserves real confidence is mercury. Mercury is indispensable in the treatment of lues; on the contrary, it is absolutely useless, if not positively injurious, in all other venereal affections.

If I add that these new ideas, proclaimed with ardor by Ricord, whether in the amphitheater or by the bedside, where he was a marvelous and persuasive talker, almost a charmer—if I add that these ideas, applauded by youth, spread and made known by the press, had the most brilliant success and were rapidly substituted for the older doctrines, you readily understand that they accomplished a genuine revolution in syphilography.

Now, after this general view, let us analyze the clinical facts. Over all the points of the new doctrine the struggle was active, burning. Over none, however, remarkable enough, was it as raging as the disease from which, it seems to us to-day, it is most easy to differentiate syphilis, namely gonorrhœa. It may be said that at the epoch when Ricord came upon the scene, the dogma that "gonorrhœa is capable of resulting in syphilis" was in full favor.

Now this was the doctrine to which the innovator ap-

plied himself from the beginning. "No," he repeated to satiety, "gonorrhœa does not result in syphilis. Take two subjects who have just contracted, the one a true gonorrhœa, the other a syphilitic chancre. In the few months which follow you will see the results produced in each. In the first you will find absolutely nothing which has a trace of syphilitic infection. In the second there will invariably appear in the first few months a series of symptoms, the least equivocal demonstrating in the most manifest way the syphilitic infection." Is it possible that two diseases producing results so dissimilar can be identified as one?

Doubtless there have been cited cases in which manifestations, certainly syphilitic, have seemed to follow simple gonorrhœa. But, on the one hand, cases of this class are very rare and are becoming more and more so as the sources of infection are more accurately studied, and, on the other hand, they are capable of explanation in two ways. Either a subsequent syphilitic infection is not noticed, or a masked subpreputial or intra-urethral chancre, although present, is not recognized.

Ricord, discussing and demonstrating the possible existence of this famous masked chancre of the urethra, pronounced as a clinical axiom that "the only blenorrhagia followed by syphilis is one which is either symptomatic of or complicated with a syphilitic chancre of the urethra. In our time this truth is so evident that we are inclined to ask how is it possible that it was not at once and forever accepted? Ricord, however, spent a great part of his career in defending this doctrine from the rudest and most obstinate adversaries.

There was, for example, a struggle to the last between him and the school of Saint-Louis. Thus Gilbert, physician to Saint-Louis, wrote in his book of 1837, and repeated in the second edition of this work in 1860, that "symptoms are not seldom seen to follow a course of blenorrhagia which proclaim, in an indisputable manner, the syphilitic nature of this affection, and that it is, moreover, much more common to meet cases of constitutional syphilis which become manifest several months or several years after the disappearance of the blenorrhagia" (p. 202). In 1855 (note the date) a surgeon of the hospital *du Midi*, Vidal (de Cassis), taught the same doctrines and even wrote as follows: "Whether it is right to consider that blenorrhagia is a primary syphilitic accident, or a secondary one, the general treatment for syphilis should be pursued." From these examples you may judge of the difficulties he had to surmount in bringing about the acceptance of this first article of his doctrine.

What he did for urethral blenorrhagia he did for the other discharges, for balano-posthitis, for vaginitis; he did the same for vegetations; and finally, he did the same for the famous primary bubo, which he relegated to the state of fiction, demonstrating that syphilis is never introduced through the skin or mucous membrane without producing in the integument a lesion, the chancre, which marks the place where the virus has penetrated. He thus came by exclusion after exclusion to recognize in syphilis only one single initial form, *the chancre*, and to conceive of syphilis in a manner entirely different from that which prevailed before him.

"No," he said, "syphilis is not, as has been hitherto supposed, a composite of different elements, made up of syphilis and gonorrhœa, made up of blenorrhagia and vegetations and bubo, etc. From what I observe, it appears to me that it is a disease which must have its own individuality, its personality. Then it is necessary to do away with these old beliefs. It is necessary to destroy this factitious unity of *venereal or syphilitic diseases* such as is actually supposed to exist.

"In this frame has hitherto been placed everything which was of venereal character, all the morbid symptoms derived from venereal intercourse, such as urethritis, balano-posthitis, vaginitis, etc. But all these affections have neither the symptoms nor the consequences of syphilis. Away from syphilis, then, with all that which is not syphilis."

Then Ricord devoted himself to representing syphilis in its own distinctive character. "You see," said he, "that it is indeed a special disease, for it is composed of symptoms and lesions belonging to itself only, which no other disease can reproduce. It has its own chancre, its own bubo, and its secondary symptoms, demonstrating itself alone.

It is at the same time a specific and a virulent disease. If its virus has not yet been determined and isolated, I have it, none the less, upon the point of my lancet. With this virus, collected from a syphilitic chancre, I can certainly inoculate with syphilis a healthy subject, while all other pus is totally incapable of producing the same result. It is a diathetic disease, of which the agent is carried in the circulation, impregnates every tissue, and produces a kind of morbid constitution or temperament.

Regarding the disease in its general evolution Ricord adds this: "No, syphilis is not, as is said, a disease of irregular, lawless evolution. On the contrary, it obeys the laws of evolution, it is subject to a veritable chronological hierarchy. Of the multiple symptoms of which it is composed, I see certain, always the same, which go at the head of the disease, as the advance guard of an army. Then, I see others which come after these, but near them. Those which occupy this place are always the same. Then I perceive others still, which are in the distance, which enter upon the scene very late; and those which compose this rearguard and close the march are always the same."

And again: "Syphilis is a drama which is naturally divided into three acts or periods. The first is that of the symptoms immediately succeeding the contagion. It is characterized by the development of a special pathognomonic lesion, the chancre, which is always accompanied by its faithful companion, the bubo. The second is that of the manifestations known under the name of secondary symptoms, which open up the scene of the so-called secondary symptoms. It is characterized as consisting of a series of multiple disseminated symp-

toms, almost always superficial, and relatively benign in prognosis. Finally, the third act of the drama shows a group of accidents called tertiary, characterized by, first, appearing only after the preceding two groups, and at a more or less advanced stage of the disease; second, consisting of lesions always grave, affecting the tissues profoundly, frequently involving the viscera; and, on the whole, constituting the really formidable symptoms of syphilis, *i. e.*, the ulcerating, demolishing, atrophying, mutilating, destroying.

Have I not said enough to justify in your eyes the term "revolutionary" by which I characterized Ricord? What is this overturning of all the old venereology, except a veritable revolution in the domain of this science?

Add to this that it was not only a revolution in theory, but a revolution having its practical consequences also. Inasmuch as, according to the new theories, syphilis was the only venereal affection capable of affecting the system, antivenereal therapy was profoundly modified. Depuratives and mercury against syphilis, well and good! But why use depuratives in all the other venereal affections when there was nothing to depurate? At one stroke three-fourths or four-fifths of the venereal patients were freed from the mercury. What a reform!

Still I have not said all; for the second part of his scientific career was marked, and gloriously marked, by another reform, not less important than all the preceding, *i. e.*, the dismemberment of the factitious unity of the chancre and the creation of dualism. For a long time, for him as well as for every one else, there was only one chancre, which, according to conditions which were not explained, especially according to the conditions of the "soil," as was said at that time, took upon itself this or that clinical form, indurated or remained soft, did or did not infect the economy. Such an error, however, could not long exist for a spirit so bright and always open to progress as his was. Thus, then, in 1856, uniting all the characteristics which he had deduced from observation, Ricord traced in a memorable series of lectures such a parallel of the two chancres that he obtained from it the doctrine of duality. He showed, according to the evidence, that between the syphilitic chancre and the simple chancre everything was entirely different; for example:

1. The clinical characters, and in particular the condition of the base; that is, the absence or presence of the characteristic induration.
2. The usual number of the lesions.
3. The ganglionary response.
4. The self-inoculability.
5. The complications.
6. And above all, the consequences of the future, which he interpreted thus:

"The simple chancre is a local lesion without influence upon the economy; it is the chancre without syphilis." The indurated chancre creates a diathesis; it is the beginning of syphilis.

The simple chancre was no longer held to syphilis by more than a thread, but this thread he did not dare to cut. At the final moment he drew back and wished to wait. Indeed he left to one of his pupils the honor of resolving definitely the question by a comparison of the origin of the two chancres and of becoming the godfather of dualism, although Ricord was the real founder and father.—*l' Union Medical.*

[TO BE CONCLUDED.]

SEA-WATER FOR GONORRHŒA.—In the *British Med. Journal*, Nov. 30, 1889, Mr. R. F. O'Brien, of Dover, says that during the past two months he has treated thirty-two cases of gonorrhœa by means of sea-water injections, the result being an average duration of disease under treatment of 8.87 days. Each case was kept under observation for about a week after the disease had quite disappeared, in order to ascertain if any return of the discharge occurred. Relapse occurred in one case only.

As to complications one mild attack of cystitis occurred in a patient who had had a history of cystitis previous to his present attack of gonorrhœa.

The treatment was by sea water injections, undiluted, seven or eight times during the twenty-four hours, each injection being retained for a few minutes. Latterly warm sea water injections have been used.

The general treatment consisted in rest, dieting, saline aperients, avoidance of stimulants.

The results have been so satisfactory, as compared with those obtained by other methods of treatment, as to lead Mr. O'Brien to publish them, with a view to eliciting more extended trial. Should further experience confirm the above results, this would prove a method of treatment peculiarly suited to the naval and military services.

The advantages of the method are that sea water combines an alkaline and antiseptic, with a tonic action on the mucous membrane. It is cheap and universal; for where sea water is not available "sea salt" would probably give nearly as good results. It also suggests itself for the treatment of other mucous membranes such as that of the vaginal leucorrhœa, etc. The addition of an astringent would probably give even better results, but nothing was used in the above cases other than sea water.—*Med. and Surg. Rep.*

CASTOR OIL AND CHOCOLATE TABLETS.—Dr. Girard prescribes castor oil to children in cocoa tablets, which are said to be palatable and readily taken. The following is his formula:

Powdered cocoa,	- -	parts, 50.
Pulverized sugar,	- -	" 100.
Castor oil,	- - -	" 50.

Vanilla in sufficient quantity to flavor.

This can be made into pastils of which four or five will purge a child.—*Journal de Medicine de Paris.—Med. News.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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SATURDAY, JANUARY 11, 1889.

THE REASON.

"Why do Chicago men assume such prominence in the medical and surgical world, while those of St. Louis have only a local reputation? This is a poser. Kansas City physicians have not taken a forward place because of our former provincialism, but as the town becomes metropolitan some of them are attaining notoriety, and a few are undoubtedly destined to be well known throughout this country."—*Kansas City Med. Index.*

Though not fully coinciding in the above, we must admit that there are grounds for such a belief; and we believe that the reason is easily devined. It is simply because the members of the St. Louis medical profession do not write. Who of our leading men have contributed to medical literature one-half of what Belfield, Lydston and others, of Chicago, Senn, of Milwaukee, etc., have?

And yet our faith in the abundant capability of our physicians and surgeons for such work is unbounded.

Is it because of an absorbing interest in the practical duties of the day, and, in that respect, evidence of an abnormal amount of industry, or is it—laziness?

We hope the profession will, at no distant date, recognize its mistake—and it is a serious one—in pursuing such a course, and will endeavor to take the position that rightfully belongs to it in general medical standing.

THE CAUSES AND TREATMENT OF INFLUENZA.

In the *Med. News* is an article by Roberts Bartholow, M. D., of which we give a brief extract.

There is every reason for a belief that some micro-organism or its ova is deposited on the mucous membrane of the nares, bronchial surfaces and fauces, which, proceeding on its course of development, induces a local irritation and systemic poisoning attended by the complexus of symptoms known as influenza. The one great fact of the epidemic influence is its universality. The infant is clearly less liable to have attacks, and delicate women are more susceptible than males. There is no difference due to condition of life, and those insanitary surroundings that increase the tendency to seizures of infectious diseases do not appear to have any influence over the progress of influenza.

In respect to its pathology, epidemic influenza is allied to the recurring catarrh known as hayfever, at one end of a series, and to diphtheria at the other end. In respect to the severity of the morbid complexus, the relationship with diphtheria is more intimate. As to the action of germs, the weight of authority is in favor of the view that ascribes the symptoms to some product of the growth of germs. The symptoms are local and constitutional, but in the case of the germ of influenza the local action is far less important than the systemic disturbance.

The mucous membrane may be attacked at any point; the access of air is secured by the anatomical arrangements, and according to the severity of the disease is the extent of the mucosa affected. There are to be seen the dry stages of congestion, followed by increased secretion, first of serum and leucocytes, and afterward of ordinary purulent materials. In addition to the changes of mucous membrane, we may have capillary bronchitis, and catarrhal and croupous pneumonia, and these when present, are, properly speaking, constituted parts of the malady, though usually termed "complications." Their chief importance is that they are frequently causes of death. Similar lesions are found in the œsophagus and stomach, and rather rarely are the intestines reached, whence it may be concluded that the parasites are swallowed with food and drink. Until the micro-organism has been isolated, the nerve pathology must remain obscure; the effects of the circulation of the morbific matter in the blood remain as yet unexplained.

Influenza has the general character of an acute mycosis, has a local action on the point of deposit, forms a chemical ptomaine, and by the action of this the systemic affection results.

Influenza comes suddenly; goes as quickly. Women and the least robust of any age appear to be the first victims; it is here a question of bodily condition, not of sex. Any depressing emotion like fear or illness facilitates the onset. There is a series of light chills and a feeling of heat, but no distinct rigor. Sometimes *malaise* of short duration is experienced. There are heat and burning of the nose and fauces, tickling with heat of the Eustachian tube, and a similar sensation in the tear duct. The eyes feel hot, the lids swell and tears begin to flow. The nares and even the frontal sinuses feel stuffed. This is followed by more pronounced *malaise*, and, in general, headache, weakness

and soreness of the members, especially the larger joints. With the progress of the case there is in some epidemics considerable general weakness, even marked depression of the vital powers. The pulse becomes small and weak, the mind gloomy, and restlessness ensues. There is indispcsition to exertion, and mental hebetude, a conservative state, owing to the enfeeblement of the cardiac ganglia and the respiratory and cardiac centers.

The cough in all cases has, at the outset, a brassy, rough, or ringing character; it is not paroxysmal; it is frequent, almost incessant, as is the tickling of the throat and nares. With the downward spread of the disease a good deal of mucus is expectorated, grayish and gelatinous, or purulent and watery. Rarely are casts of the smaller bronchi brought up after distressing coughing, followed by extreme weakness. The pneumonia which may occur offers no special differences from the ordinary form.

The rapid course of the disease, only three or four days, is most remarkable. The variations in severity in the local symptoms, in the character of the cough, in the expectoration, are considerable in ordinary cases, and in those of mixed character cannot be reduced to fixed rules. The influenzal seizure may be preceded or followed by an ordinary catarrh. Where the nervous element predominates there is headache, dizziness, mild delirium, pains in the limbs, and obstinate wakefulness or, less often, extreme somnolence.

Relapses are common, usually each succeeding seizure being milder, but not a few pass by easy transition into chronic bronchitis, emphysema, asthma, etc. The urine is usually not much affected. Chronic disease of the Eustachian tube, middle ear, nose and throat may be left.

Treatment.—Persons with catarrhal affections of the naso pulmonary mucous membrane should adopt the most effective means to keep in good condition. The best manner of securing immunity is by the inhalation of sulphurous acid gas daily when the approach of the epidemic renders it necessary, by taking five grains of cinchonidine salicylate three times a day, and by so living as to avoid taking cold. When the attack has begun, give one or two grains of calomel at night, inhale some sulphurous acid gas, or steam with eucalyptol. In inhaling sulphurous acid gas, some constriction of the throat and a pronounced metallic taste indicate the limit. The frequency may be two or three times a day. Peroxide of hydrogen, oxygen, or ozone will no doubt act well in suitable cases. The best vapor during the preliminary dry stage is steam, and the apartment should be constantly filled with it. With the steam may be included the vapors of creosote and eucalyptol, or turpentine, the amount to be gauged by the effect on the local trouble of the vapors; when the dryness of the mucous membrane is becoming moist and relaxed, the most useful are ethyl-iodide, creosote, turpentine, iodine, and carbolic acid.

Of powders to be used by insufflation, those most useful are iodoform, salicylate of bismuth, tannin, iodotannin and resorcin. The last produces an excellent effect by being dusted over the whole area as far as practicable.

The internal remedies that will do the most good are, atropine in solution—gr. j to ℥j of water—dose one to five minims. Tincture of belladonna may be used from one to ten drops twice a day. Salicylate of cinchonidine or of quinine, preferably the former, should be given as a prophylactic remedy. For the depression and melancholy, atropine will probably do better. For the distressing headache, joint pains, and wakefulness, antipyrine, acetanilid, phenacetin, and other germicides and antiseptics will no doubt be found useful.

The Uses of Hydrogen Peroxide.

This useful agent, though known to the profession for many years, has not received the attention and general use which it merits. It was discovered as long ago as 1818 by Thenard, and was first applied to the purposes of medicine and surgery by Dr. B. W. Richardson, of London, a paper on the subject being published in the *Lancet* in 1860.

The preparation known and sold as hydrogen peroxide is, more properly speaking, a solution of the gas in water, the strongest solution sold being about 20% in strength. It has a wide range of applicability, and we see no reason why it should not come into more general use. In the various journals one occasionally sees an article on the subject, but comparatively little attention is paid to them, and cases in which it might prove of the utmost benefit are daily being treated by other and probably inferior means.

To illustrate the uses to which it may be put, we abstract a recent article in the *Medical News*, by Thomas S. K. Morton, M.D., of Philadelphia, Professor of Surgery in the Polyclinic of that city.

Its field in general surgery is as a cleansing agent, wherever dead or living organic matter of low degree exists. The peroxide will not effect living tissues even to the stage of irritation, hence does not destroy the most recently formed epithelial cells, while at the same time it burns up by oxidation all adjacent organic material of lower degree, such as microorganisms, their products and their means of sustenance.

This is more than can be said of other antiseptic agents, for, taking bichloride of mercury as an instance, a solution of it sufficiently strong to kill bacteria will also destroy newly organized cells. Then, again, our standard antiseptics do not remove the sterilized organic matter, nor penetrate into it so deeply as does the peroxide, which will eat through almost any depth of pus, lymph, etc., burning them as it goes, not, especially as in the case of sublimate, leaving an almost impermeable layer of coagulated albumen which may screen septic matter beneath.

Certain bacteria act with vigor only in the presence of

oxygen; but that form of oxygen to which they are subjected when hydrogen peroxide is used is *nascent*—a vastly more powerful element, the destructive energy of which in all probability they cannot resist, much less be enlivened by.

He has treated tubercular abscesses and sores by washing them out with the hydrogen solution and had them close up almost like simple incised wounds, and this, too, without use of the curette.

In ulcers of all kinds the effects have been surprising. The new epithelial cells cover over the denuded surface in a length of time occasionally almost incredibly brief. So, also, in burns have the results been most satisfactory.

In practice, the surroundings of the sore, wound or abscess are cleaned with turpentine, soap and water, then the peroxide is poured on or injected until bubbling ceases, then protective in strips and an aseptic or antiseptic dressing is applied as usual. If bichloride is to be used, the peroxide should be poured on first.

In keeping drainage-tubes and deep cavities, as abdominal or pleural abscesses, drain tracks or fistulæ, sweet and clean, the solution is superior to anything he has ever employed. It is absolutely innocuous and free from toxic effect; so safe, indeed, that even spoonfuls can be swallowed.

A case of purulent ophthalmia which had resisted all efforts for weeks in the hands of others cleared up after but two instillations of the drug. He believes it should be found beneficial in gonorrhœa, and all septic and tubercular affections where local applications can be made. In special regions such as the conjunctiva, the previous use of cocaine will prevent even the slightest pain. It also seems to have a marked hæmostatic effect.

For cleansing surfaces where skin grafting is to be employed, or is going on, this drug is invaluable. He does not believe that peroxide of hydrogen will supplant bichloride of mercury, except in certain fields where the employment of the latter is undesirable or unsafe; its function is more as an adjuvant to the sublimate.

The Choice Between Inguinal and Lumbar Colotomy.

In the Bradshaw Lecture[1] delivered by Thomas Bryant at the Royal College of Surgeons, on December 5, 1889, he chose for his subject "Colotomy, Inguinal and Lumbar," and discussed at some length the choice of operation.

After describing the inguinal operation by oblique incision, which he has employed for many years, he briefly gave the results in his cases, 170 in all; 100 of these were urgent cases, and were operated upon too late, only 55 being successful, the rest dying within a month; 70 were operated upon before the obstruction from rectal cancer threatened life, with the object of giving relief to tenesmus and pain. All of these convalesced and expressed themselves as grateful for the relief afforded, and when death came it was painless and from exhaustion—enthanasia. In at least three-fourths of the patients who convalesced, the artificial anus was a success, the whole of the fæces passing through it and the rectal disease being left unirritated. In the remaining fourth fæces sometimes passed downward, but this was relieved by an enema from above or below, followed by an anodyne suppository.

The chief grounds upon which Messrs. Reeves, Herbert Allingham, Harrison Cripps and Chavasse advocate the inguinal operation are, that it is easier of performance than the lumbar, and allows of verifying the diagnosis in obscure cases before the bowel is opened; that the small intestine or stomach cannot be mistaken for the large intestine and that abnormalities of the colon do not mean failure of the operation, since the abdomen can be carefully searched; that the bowel can be readily withdrawn and fixed to the skin without causing undue tension on the stitches; that in lumbar colotomy the gut prolapses so frequently and so seriously as to cause serious trouble; that in an inguinal anus the patient can care for himself better, so that there is less danger of the escape of fæces or flatus.

Bryant answers these objections, one after the other, starting with the assumption that the diagnosis of rectal obstruction from cancer or other organic disease is clear.

As the cases come before the surgeon they may be divided into three classes; the first includes cases which may be called urgent, since they are associated with acute general symptoms and severe abdominal distension, generally of annular stricture in the upper part of the rectum.

The second class includes cases of chronic obstruction, mostly low down, with abdominal distension, but without severe general symptoms.

The third class includes all cases of obstruction from rectal stricture, but not urgent.

To each of these classes colotomy has its own special relations. In the first two classes the distension would interfere with inguinal operation; the chances are that the small intestines would bulge forth when the abdomen is opened and increase the dangers of exploration of the abdominal cavity and of the manipulation of the large intestine as recommended. In the third class of cases the large bowel would be easily found. On the other hand, a distended abdomen is an advantage in lumbar colotomy, and the searching for the colon is not a serious matter. If the patient be fat there is some trouble, but by searching forward towards the reflected peritoneum, and putting the patient in the semi-supine position, the bowel may fall back into the wound. In inguinal colotomy the peritoneal cavity is opened, but in lumbar colotomy this is only exceptionally the case. In 170 lumbar colotomies Bryant only opened the peritoneal cavity twice, and in these cases no harm followed. In a flaccid abdomen with an inguinal opening the

[1] Lancet.

bowel is easily found, but when the abdomen is distended, and the viscera are undergoing the changes which follow long-existing obstruction, the manipulation necessary to find the gut is, from the patient's point of view, not to be recommended. So far as searching for the bowel is concerned, the lumbar operation has the advantage in the majority of cases.

As to the second point, that in the inguinal operation the diagnosis may be verified before opening the bowel, it has not much weight,for in very few cases is there any doubt as to the diagnosis of rectal or colic obstruction, and in a large proportion of cases the disease is within finger reach. Rules of practice should fit the average and not the exceptional cases.

As to the objection that the small intestine or stomach may be opened in mistake for the colon in the lumbar cut, such cases are the result of errors of judgement and carelessness, and should be charged to the operator, not to the operation. This may occur in the inguinal incision as well. An occasional abnormality of the colon should not be allowed to tell more against one operation than another, since the chances are equal in both cases; besides, the chances of an anatomical irregularity should have no more influence than in tying an artery for aneurism. Another objection is, that in lumbar colotomy there is undue tension on the stitches on drawing out the colon, and that the formation of a sufficient spur to direct fæces into the artificial anus is thereby hindered. He has accomplished this by simply separating the colon from its posterior attachments with the finger and rotating it forward so as to bring the posterior surface out of the wound.

Prolapse of the gut to a certain degree he considers to be an advantage; where excessive, as happened in but one of his cases, it was not troublesome and was easily controlled. He likes a degree of prolapse equal to that which normally takes place in the horse in the act of defecation, and considers the objection a somewhat comical one.

The last argument advanced in favor of an iliac opening is that it is more convenient for the patient. This is true to a degree, since the process of washing can be more easily carried out in an anterior opening than in a lateral one, though the difficulties in the latter case are not serious. On the other hand, the escape of fæces and flatus at inopportune times is more easily controlled in a lumbar opening, for the loin is a fixed and firm position, and its condition is the same at all times, so far as resistance is concerned, allowing a good pad to remain without adjustment. In an iliac anus the pad changes position on sitting or standing, and this difficulty is irremediable. Upon this score, therefore, as upon many others, he holds the lumbar operation to be preferable. The iliac opening is nearer the seat of the disease, and much more liable to encroachments, and, therefore, the operation will have to be done at a much earlier period of the trouble than has hitherto been the custom.

He remarks that the influence of iliac colotomy will be good in that respect, inasmuch as it will cause earlier operative interference, that is to say, by the lumbar method, as much the preferable of the two, which will then take its proper place in the practice of surgery.

MEDICAL ITEMS.

Bravery in the Profession.—Dr. Louis G. Knox, of Danbury, Conn., has just wedded Mlle de Granville, the "Woman with the Iron Jaw," who has traveled much with Forepaugh and Barnum.

Heavy Gymnastics and Nervous Complaints.—Dr. Sargeant, of Harvard College, says that those who have been most successful in heavy gymnastics are also most subject to nervous complaints.

With True Impartiality.—The influenza, like pale death,

"Knocks with equal fate,
At cottage door and palace gate."

At the Wrong Business.—Physician.—What is your profession, sir?

Patient (pompously).—I am a gentleman.

Physician.—Well, you'll have to try something else; it doesn't agree with you.—*Life.*

A Large Brain.—The brain of the insane homicide and suicide Daley was found to weigh 59¼ ounces, and to show no gross pathological lesions. This is just the weight of the murderer Ruloff's brain, an ounce heavier than Jim Fisk's, and six ounces heavier than Daniel Webster's.

Value of the Faith Cure Still Unappreciated.—Three members of the Faith Cure Society in Brooklyn, who had refused to administer medicines to patients under their charges, on the ground that they would be violating God's command, have been sentenced to the penitentiary.

The Spread of Venereal Diseases in Italy.—In view of the spread of venereal disease in Italy since the repeal of the regulations formerly in force, the Minister of the Interior has appointed a Commission to investigate the subject, and suggest measures for the repression of prostitution and syphilis.

Herb Tobacco.—A new substitute for tobacco is being introduced. It is a mixture of British herbs—the particular plants are kept secret. The smokers who have tried the compound declare it to be deliciously fragrant, slightly exhilarating, and withal soothing to the nerves. Combined with ordinary tobacco it is said to make a blend as satisfactory as that of chicory or coffee; but such a blend is illegal and punishable by very heavy

fines. At present it is prepared in Scotland, under the name of "herb tobacco," and it has rapidly grown in favor with all classes in the North.

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Progress of Cremation.—There are now thirty-nine crematories in various parts of the world. Italy has twenty-three, America has ten, while England, Germany, France, Switzerland, Denmark and Sweden have one apiece. Since 1876 the cremations in Italy have been 1,177, and the total elsewhere only 1,269.

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Formula for Exalgine:

℞	Exalgine, - - -	gr. xxxviiss
	Tinct. aurantii cort, - - -	♏ lxxv
	Aquæ, - - - -	f ℥ iv
	Syr. aurant. amar., - - -	f ℥ j

M. S.—f℥ bis die.—*Dujardin-Beaumetz.*

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A Chinese Medical College.—A Medical College for Chinese has been recently established at Hong Kong and is evidently doing good work in instructing the native students in medicine. It is in charge of Mr. Cantlie, F.R.C.S., late of Charing-cross Hospital. as Dean, and there is a full staff of English lecturers and about thirty students.

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A Sinus Curette.—Something which will fill a "long-felt want" is a small sized curette, the spoon of which is sharp and fenestrated, $\frac{1}{4}$ inch long and $^3/_{16}$ inch wide. It will hasten the healing of small sinuses, whitlows, etc., which are scarcely large enough to admit a probe. Dr. H. B. Delatour states in the *N. Y. Med. Jour.* that he has had one made and that it answers his purposes admirably.

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Venesection in Lead Poisoning.—Dr. Wilhelmi of Gustrow strongly recommends that in cases of lead poisoning a small quantity of blood should be taken from the arm. He has practiced this treatment in twenty-five cases, and speaks warmly of the success he has met with, the patients in some cases expressing themselves as greatly relieved immediately after the operation and the affection taking a marked change for the better from that time.—*Lancet.*

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Electric Lighting.—The local situation with regard to safety from electric shocks is not reassuring, leaving out of consideration the disturbances in the telephone service. A mortality of several horses and dogs, so far, does not promise much for the unfortunate human being who may have an accidental introduction to a live wire. The most that can be said is that the death is an easy one, if that will enliven the prospect any. Truly, the life of the lineman is not a happy one.

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Intermittent Fever.—Dr. Alois Fenykovy communicates to a Vienna medical journal an account of some observations made on the treatment of intermittent fever by means of friction of the back along the spine. Many years ago, while at Nisch with his regiment, there occurred so many cases of intermittent fever that the stock of quinine was becoming exhausted, and in order that the patients might not be entirely without some sort of treatment, it was ordered that they ould be rubbed twice a day along the spine with mple ointment. The day after this order had been given it appeared that the usual attack had not come on; accordingly, since that time Dr. Fenykovy has very frequently employed this treatment, and usually with marked success. Indeed, he says that three-fourths of his cases have done very well without any quinine at all.—*Lancet.*

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American Physicians Abroad.—A writer of the *London Medical Recorder* remarks, with some surprise, that at the last summer session of the Vienna University there were 62 American physicians and students in attendance and not one from England on the catalogue. The physicians of the latter country seem to enter practice earlier, and do not give themselves that *Wanderjahr* "without which," thinks the writer, no "American physician seems to be able to settle down in practice." The *Med. News* comments with characteristic Eastern egotism, "little does that writer know of the hundreds of graduates of our interior colleges who never come even far enough eastward to get the smell of salt water."

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Standing Committees, St. Louis Medical Society.—At the regular meeting of January 4, the President Dr. Bauduy announced his appointments of standing committees for the coming year, as follows:

Ethics.—Drs. G. M. B. Maughs, F. J. Lutz and H. Tuholske.

Elections.—N. B. Carson, W. B. Dorsett and H. A. L. Rohlfing.

Publication.—R. J. Hill, A. B. Shaw and Gib. W. Carson.

Executive.—A. V. L. Brokaw, L. E. Newmann and L. S. Riesmeier.

Library.—J. C. Mulhall, J. Steer and Wm. N. Brenan.

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Spanish Gynæcological Society.—The Spanish Gynæcological Society held its first meeting this winter December 4, under the presidency of Dr. Francisco Alonso Rubio. The introductory address was delivered by Dr. Enrique Olivan; the gist of it is sufficiently indicated by what the Spanish reporter calls its "kilometric" title: "Some reflections tending to show that the confidence at present inspired by anæsthetics, and the use of modern antiseptic methods, neither justifies nor excuses the practice, far too frequent nowadays, of intra-abdominal operations, and more especially of those termed exploratory laparotomies." The reactionary tendencies of Senor Olivan's discourse and his "ultra-conservative anathema" hurled against recent advances in modern surgery seem to have excited more amusement than irritation among his hearers.

VOICE LOZENGE.—Dr. Hinkle, in *Chemist and Druggist*, recommends the following formula as the best thing for ordinary hoarseness of singers or speakers. A small piece should be allowed to dissolve in the mouth just before using the voice:

Cubebs,	grains,	$\frac{1}{2}$
Benzoic acid,	"	$\frac{1}{3}$
Hydrochlor. of cocaine,	"	$^1/_{70}$
Powd. tragacanth,	"	$\frac{1}{4}$
Ext. of liquorice,	"	5
Sugar,	"	13
Eucalyptol,	"	$\frac{1}{4}$
Oil of Anise,	"	$^1/_{20}$

Black currant paste, enough to make 20 grains.

CORRESPONDENCE.

INDEPENDENCE OF THE LOCAL VENEREAL DISEASES.

HENDERSON, KY., NOV. 21, 1889.

EDITOR WEEKLY MEDICAL REVIEW.—At the recent meeting of the McDowell Society held in this city, Dr. G. Frank Lydston, of Chicago, read a paper on "The Evolution of the Local Venereal Diseases." I was so unfortunate as not to hear the first part of this paper, but did hear the latter and concluding portion of it. I do not wish to do Dr. Lydston an injustice by a misstatement of the position taken by him, but if my memory serves me right he made this statement—that "the specific origin of gonorrhœa and of chancroid was in all probability the same." While this is not exactly a new doctrine, it is an old one long since exploded and relegated to the shadows of the past. The argument advanced was based upon the theory of evolution. That the virus of chancroid might, under certain circumstances, be so modified during the process of its evolution as to produce a gonorrhœa, and vice versa. Owing to the fact that the time for discussion was very short, and to the further fact that there were still a number of papers to be presented, I refrained from saying anything, but left the discussion to those appointed for that purpose, which was ably done by yourself. If the cause of gonorrhœa be, as is claimed, and as I believe, due to the gonococcus of Neisser, then, if the theory of evolution be true, and I believe it is—gonorrhœa can be produced by nothing beside the gonococcus, and the gonococcus will produce nothing beside gonorrhœa, and I should as soon expect to plant a grain of corn and see a stalk of wheat evolve from it, as to see a chancroid produced by an infection from gonococci. We all know that originally the horse was a very small animal, with five toes upon each foot, and that by a process of of evolution it has reached that perfection of form and action which we so much admire, but by no process of evolution can it ever be other than a horse. Under different circumstances, climate, etc., nature might, in the attempt to adjust its correspondence to its environment, make certain retrograde changes in its size, the length and thickness of its hair, etc., but it would still be a horse. The same is true of specific germs. In order to be specific they must produce a certain result and no other; otherwise, their specificity is not established.

Most of us have seen what syphilographers are pleased to term a mixed sore—that is a sore presenting within itself the characteristics of chancre and chancroid, but it would hardly do to claim that they were produced by the same specific virus, and yet I would sooner believe that an inoculation of chancroidal virus would produce syphilis than to believe that the virus of gonorrhœa would produce chancroid. However, I shall not discuss this subject further until I see Dr. Lydston's paper in print, when I may have more to say.

ARCH DIXON.

AN OPPORTUNITY FOR EVERY ONE.

NEW YORK, December 23, 1889.
1730 Broadway.

EDITOR WEEKLY MEDICAL REVIEW.—As I have accepted the invitation (given below) to speak for America in the general discussion on Electrolysis in Uterine Fibroids, I shall be pleased to receive any information pro and con on the subject, and will give credit to all concerned. Yours sincerely, EPHRAIM CUTTER.

X. Internationaler Medicinischer Congress zu Berlin, 1890. (Artheilung f. Geburtshœlfe and Gynakolgie).
Geschaftsfuhrer: Dr. A. Martin, Berlin, N. W.,
Moltkestr. 2., December 2, 1889.

DR. E. CUTTER, New York.—DEAR SIR: The committee of organization of our Gynæcological Section proposes for discussion the Electrolysis of Neoplasmata. We have invited Apostoli to introduce the discussion and I have the honor to invite you to second him in the debate. At your side, Th. Keith, of Edinburgh, and Zweifel, of Leipzig, are invited to do so. We have learned with great pleasure by your favor of November 11 to Cassar, that you will come to our meeting. It would be of great value that you represent your American brethren and their views in this most interesting question of Electrotherapeutics.

I hope to see you here with a large number of American brethren to meet the Congress. Our special program is to be issued as soon as the gentlemen assigned to the introductory addresses have sent in their answer.

Yours truly, A. MARTIN.

%—"PER CENT." WHAT DOES IT MEAN?

LEE'S SUMMIT, MO., December 12, 1889.

EDITOR REVIEW.—On page 428 of the REVIEW, under "Disinfection of Typhoid Stools" we have "calcium chloride 5%," "calcium chloride 20%," and in the second paragraph following these abbreviations are inter-

preted as 1 part to 1,000 parts, and 4 parts to 1,000 parts. On page 426, line 14, a 5% solution of carbolic acid" is recommended, which seems heroic practice if five per cent—five parts to the hundred, is meant.

There is so much contention and uncertainty among the members of the profession as to what is meant by a certain "% solution," that I would like to see it defined by some authority, of which the WEEKLY MEDICAL REVIEW is chief.

THOS. R. THORNTON, M.D.

[Having smothered our blushes at the compliment contained in the above, we would say that the apparent discrepancy in interpreting "5% calcium chloride," and "20% calcium chloride" as respectively, 1 to 1,000, and 4 to 1,000, lies in the fact that these solutions were added to solutions of contaminated feces in the proportions of 2 volumes to 100, thereby diluting them 50 times. So, if the solution were, at first, 5%, or 5 to 100, or (in the proportions of the thousand), 50 to 1,000, after diluting it 50 volumes, it would be $^1/_{50}$ as strong, or 1 to 1,000. Calculation in the same way will give results as mentioned in the lower paragraph.

"% solution" always means the number of parts of the drug to a hundred parts of the vehicle (water).

As to the use of 5% carbolic acid solution for cleaning the thigh, although that is stronger than is commonly used for that purpose, it would probably do no harm unless allowed to remain on the parts.—ED. REVIEW.]

SOCIETY PROCEEDINGS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

DR. G. BETTON MASSEY read a paper (see page 23) on

MENORRHALGIA AND MENORRSPASM.

DR. A. GRAYDON.—I have at present under treatment a young girl who two years ago was operated upon by forcible dilatation. She is one of two typical cases, both of which were dilated. In the one case the dilatation was perfectly successful; in the other the operation did not effect the result expected. The girl still suffers severe pain at each period, and I have persuaded her to be put upon the electrical treatment. It is too soon to give the result. I have had curative results in sharp anteflexion both with the faradic and with the galvanic current.

DR. J. M. BALDY.—I have watched with a good deal of interest the electrical treatment as practised at the Pennsylvania and the Howard Hospitals. If we are going to get good results from electricity in any class of cases, we may probably expect to secure them in the class referred to by Dr. Massey.

The line is drawn sharply by Dr. Massey between pathological anteflexion and normal anteflexion. In ninety-nine out of a hundred cases the anteflexion is perfectly normal. Many cases with an extreme degree of anteflexion, apparently pathological, have not the slightest symptom. In other cases without pathological anteflexion, or without any displacement whatever, the dysmenorrhœa is most severe. In many such cases I have gotten the best results by dilatation. So far as I have seen, electricity will undoubtedly relieve the pain in a certain number of cases. So will dilatation; but I take it that in the majority of cases dilatation will do the work better and quicker than electricity, and perhaps without as much annoyance to the patient.

I can illustrate this by reference to a case which was selected by Dr. Massey and myself as a test case. Dr. Massey thought that there was a pathological anteflexion; I thought that it was normal. She had had dysmenorrhœa for years. She had come from a neighboring state, where she had had dilatation performed on a physician's table, and without ether. We all know how unsatisfactory and incomplete that is. She had no premonitory symptoms at the menstrual period following the dilatation, and no pain during menstruation. The relief was absolute for three months. The pain then began to return, and she came to us one year afterward. She was given electrical treatment, twenty-five to fifty milliamperes being used at two sittings. She suffered premonitory symptoms for ten days. The flow came on without pain, and continued two days without pain. She then had severe pain for one day, but during the rest of the period there was no trouble. She had two sittings, but the relief was only partial. With the dilatation she had one sitting, and this without ether, by no means as thorough as what we understand by rapid dilatation, and the relief was absolute for three months. If this woman were put under ether and full dilatation made, the relief in all probability would be absolute and permanent. The same result could not be accomplished without electricity under several months' treatment.

DR. J. PRICE.—My experience scarcely corresponds with that of some of the gentlemen. I am not in the habit of dilating, nor have I passed a sound for some time, nor am I in the habit of jumping to a conclusion as to the necessity of treatment without recognition of a lesion. There is scarcely a married woman who has borne children who has not suffered with dysmenorrhœa, due to one of the conditions under consideration. If she had consulted a physician she would probably have been treated by dilatation or electricity, as few ever escape. This I could demonstrate by the history of the wives of young physicians. In many of these cases operations had been suggested, yet a few months later they married aud became mothers. Without the presence of some positive pathological condition, I do not see why we should submit these women to operation, for surely the indications are not clear, and you have no trenchant argument for local treatment. The more I keep my hands off, the better am I satisfied with the result. From no small experience, I am satisfied that many of these women suffer serious troubles from

too much treatment; some suffer from too much closure of cervix, too much dilatation, too much intra-uterine treatment, and too much electrical treatment, and later submit to abdominal section for no minor trouble in the pelvis, clearly due, in many cases, to vicious treatment. I can report a large number of sections done after closure of the cervix and after dilatation. I have removed large pus-tubes one week, one month, one year, after dilatation, and after closure of the cervix.

I will present three specimens to fortify my remarks. This pus-tube, larger than the uterus, was treated for two years with a pessary and other forms of treatment. It was mistaken for a retroflexion. I examine a large number of women and fail to find pathological anteflexion, except in the presence of these conditions. If you find a pathological anteflexion, you will find a pathological lateral or bilateral trouble which contra-indicates intra uterine treatment. In the fourth volume of Pepper's "System of Medicine" a case is cited in which the cervix was closed, and the author of the article a few weeks later removed pus-tubes. A few days ago I removed a small dermoid tumor from a woman who had suffered for years. She lay in a hospital for eight months, and submitted to seventy applications of the actual cautery for sciatica, and yet no vaginal examination had been made. In this case there was a clear indication for examination.

Dr. William L. Taylor.—I fully agree with Dr. Price as to the number of cases of dysmenorrhœa, but will also add the cases of young girls who are confined to bed every month for from one to four days. I would ask Dr. Price what is his treatment for such cases. These cases are numerous and require some rational treatment. We can divide cases of painful menstruation into two classes—the one due to obstruction, the other to excessive ovarian congestion. In the first class, dilatation, and in the second, galvanism with counter-irritation, has given me good results.

Dr. J. Price.—I frankly say that I am afraid of the treatment, and have just reasons for being afraid. I wish to fortify the position of Dr. Goodell, one that he has held for a long time, although he practices these methods freely. Dr. Goodell has repeatedly called our attention to these moral rapes, and I wish to say that this is done too often, particularly by our female friends. Sex surely does not sanction the examination of every young girl with backache.

Dr. William L. Taylor.—That does not answer my question. There are a certain number of cases that are confined to bed every month, and in which the bromides, opium and chloral are largely contra-indicated. The only method in such cases is to make an examination and use such positive operative measures as will relieve the trouble.

Dr. Joseph Hoffman.—I have under observation such a patient as Dr. Taylor has spoken of. I have treated her for a number of months, but have not yet made an examination. The girl is æt. sixteen years, and has pain for three or four days at every period. I advise going to bed and the use of hot fomentations. This is done for two or three days, and for the rest of the month she does very well. Where a girl is anæmic and neurotic, these conditions very likely lie at the bottom of the trouble. In these cases the best treatment is rest.

So far as intra-uterine applications are concerned, I think that there is no doubt that they are abused. Those who are called upon to treat painful micturition in males from bladder trouble would not feel justified as soon as a man came with such a disorder to pass a bougie at once. We are not to suppose because there is pain that there is stricture. Pain may exist outside of any tangible condition, and may be cured by simple rest.

In regard to Dr. Massey's nomenclature, I see nothing in the terms suggested that has not been expressed before.

Dr. John C. DaCosta.—The gentlemen seem to consider dysmenorrhœa a disease rather than a symptom. We have a variety of forms of dysmenorrhœa. There may be an obstructive dysmenorrhœa, a congestive dysmenorrhœa, and a neuralgic dysmenorrhœa. Take a sharply flexed uterus. If the canal follows a perfect curve, there is no dysmenorrhœa. If, however, there is a sharp bend, such a uterus will have to go into a mimic labor to expel the blood, and we have dysmenorrhœa. Again, the uterine canal may be large enough to pass the menstrual blood, but as the result of such passive or active congestion as may follow "catching cold," or the congestion sometimes following coition, there may be swelling of the mucous membrane which will close the canal, and the woman will suffer pain. There may be another form due to ovarian neuralgia. In the first two classes dilatation answers the purpose; in the last electricity may answer.

I cannot understand that peculiar formation of mind that is not afraid to cut open the abdomen, tear adhesions apart, and yet will not examine the pelvis by the vagina to see what is the matter, or is afraid to dilate a cervix. With all deference to Dr. Price, I do not think that most cases of dysmenorrhœa are due to pus-tubes. I have seen a number of cases in virgins who could not have had gonorrhœa (which some allege as the cause of pus-tubes) and who did not have pus-tubes. I have not been afraid to handle these cases, but have treated and cured them, and there has been no after trouble.

Dr. William Goodell.—As, in a certain sense, I have been the parent of dilatation in this city, I should like to give my experience. I have performed the operation three hundred and fifty-four times, and barring the first few cases, in which I did not use antiseptic precautions, there has been no trouble, and even in one or two of the earlier cases where trouble occurred, it was very slight.

I agree with Dr. Price that young girls should not be examined without due reason; but when a girl comes who has been suffering month after month and year after year, and her life is made miserable, it is only right

that something should be done to relieve her. I object strongly to the frequent vaginal examinations that are made simply for backache. Where an examination is desired by the mother, I frequently make a rectal examination; this enables me to determine the position of the womb and the condition of the pelvic organs.

I think that Dr. Price sees these things from a different point of view. He has a large dispensary practice, and sees a certain class of patients who are liable to gonorrhœal trouble. He is probably right from his point of view. I have myself never seen a positive case of dysmenorrhœa from pus-tubes. I have seen painful menstruation in these cases, but the pain was in the ovarian region. It is not a uterine pain. Ovaralgia is by no means frequent without pus-tubes.

I should like Dr. Price to explain one of his remarks. He speaks of cases of closed os uteri in which there were pus-tubes.

I cannot give up rapid dilatation of the cervical canal to electricity, unless the latter is as effectual, and it can be used without ether and at one sitting. The only objection to the operation of rapid dilatation is the necessity to give ether. A physician not long ago made the statement that he could cure any kind of stricture of the urethra by electrolysis. He was offered cases by some of his brother physicians of that city; but, if my memory serves me no trick, when he was closely challenged he failed to respond. I have seen the statement made in some of the medical journals that the use of electricity is followed by dilatation of the uterine canal. But I do not understand the rationale of this agent, and I should like to hear Dr. Massey explain it.

Dr. J. Price.—I did not attribute the dysmenorrhœa to the presence of pus tubes. What I said about pus-tubes had nothing to do with dysmenorrhœa or its treatment by dilatation or electricity, except as sequelæ. I wish clearly to condemn the indiscriminate examination of virgins. General treatment, out-door life, and rest does cure these cases. It is in just these cases that Dr. Weir Mitchell recomends his rest treatment, and in which he has such success. I would refer Dr. Taylor to the collection of photographs which were sent here by Dr. Playfair. I presume that these women suffered dysmenorrhœa, and they were all cured by rest, and, I venture to say, had no local treatment.

Dr. J. M. Baldy.—Does Dr. Price mean to say that all cases of dysmenorrhœa in virgins can and should be cured by the rest treatment? I have heard him unqualifiedly condemn it.

Dr. Wm. Goodell.—By what authority does Dr. Price state that the cases of Dr. Playfair suffered with dysmenorrhœa?

Dr. J. Price.—I only presume that they did. They got well with general treatment, married and bore children without electricity. Such cases, in my experience, always have dysmenorrhœa. But few women are free from it.

Dr. J. M. Baldy.—There is still the class of cases referred to by Dr. Taylor, of young girls who are not married and have no idea of getting married, who suffer the torments of the damned at the menstrual period. They have to go to bed for three or four days each month, and some are made worse for going to bed. These cases surely demand some treatment. It is all very well to indiscriminately condemn electricity, dilatation, and other forms of local treatment, but what does Dr. Price offer us in their stead? Practically nothing. Dilatation will cure a number of these cases. Every one admits that indiscriminate examinations are wrong; but the members of this society are surely beyond such an abuse. If a woman has been suffering for years, is still single, and getting worse, her virginity should be no bar to treatment.

Dr. Wm. Goodell.—I have had a good many patients under my rest treatment, and while Dr. Price is right in regard to the majority of cases of dysmenorrhœa cured by this treatment, yet he is not wholly right. I have been obliged to dilate some of my own cases, and I have repeatedly been asked by Dr. Mitchell to dilate patients for him who have been under the rest treatment, and who have been cured in every respect, with the exception of the dysmenorrhœa.

Dr. D. Price.—There is one point I want to discuss, and that is the examination of virgins. A short time ago I sent a patient to a specialist for treatment of the throat. He told her he could cure her in six weeks; but at the end of that time she was no better. He then told her she had uterine trouble, he could see it in her throat, and sent her to two or three specialists, who would not examine her, there being no indication for so doing. He said he would have her examined in spite of her father and in spite of the opinions of the specialists. If it is ever necessary to examine a virgin, it should be done under ether, in the presence of more than one individual.

Dr. G. Betton Massey.—Dr. Baldy has scarcely treated me with fairness in mentioning a case in which the treatment is only commenced; still his relation shows considerable benefit from two applications. The paper did not claim that a single treatment would cure these cases. I distinctly stated "two or three treatments during at least two intermenstrual periods."

I am glad to see that, to-night, some of the surgeons are so conservative. While I agree with what has been said as to the advisability of vaginal examinations in virgins, yet all must admit that at certain times examinations become necessary. I have, myself, always tried other measures first, and continued for some time—often too long. A special advantage of this method of local treatment is that you do not have to use the speculum, and it is not necessary to dilate the vagina.

Dr. DaCosta has said that the menstrual pain is sometimes due to trouble in the ovary; I particularly exclude that from the paper. I believe it is pretty well understood that you can discriminate between the uterine pain of menorrhalgia and the ovarian pain preceding the sickness.

Dr. Goodell has made a good point in regard to the

inefficiency of a single sitting of electricity. Where the trouble has to be relieved at a single sitting, dilatation comes in. I cannot explain how electricity overcomes the contraction of these canals. I have been justly charged with a mixing of facts in my book by one of the reviewers, who pointed out that in one place it is stated that there might be atresia of the cervix from the use of too powerful a current, and, in another place, the same thing is recommended to produce enlargement of the cavity. I have, myself, never seen atresia follow the use of heavy currents. Apostoli mentions its possibility, but he uses a sound that is bare to the external os, whereas, under the impression that a cauterization at the mouth is inadvisable, I try to apply the cauterization to a certain part only of the cavity. However it may be explained, I do find that under the application of either the positive or negative current to the cavity of the uterus, after one or two applications the sound passes with greater ease, and that the succeeding menstrual flow is almost invariably less painful. There are two possible explanations: the one, that the canal is rendered patulous; the other, that spasm is relieved. I do not believe that pelvic trouble can be brought on by this treatment of menorrspasm in a woman otherwise healthy, and should not hesitate in such cases to apply powerful currents to the interior of the uterus, if proper aseptic measures were used. The troubles which may follow are due rather to dirt, than to the operation.

NEW YORK ACADEMY OF MEDICINE.—SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, November 5, 1889, A. B. Judson, M.D., Chairman.

The paper of the evening on "The Treatment of Talipes Equino-Varus by Continuous Leverage" was read by Dr. H. L. Taylor. Viewed from behind, this deformity is a curve of the foot and leg with its convexity directed outward. In order to exert continuous leverage, a splint is applied to the inner or concave side of the curve, and then the deformity is reduced by drawing the foot and leg to the splint. By progressively bending the splint, valgus may be produced. Leverage should thus be applied to overcome first the varus, and afterward the equinus, the heel-cord being left until the plantar fasciæ have yielded. Tenotomy does not take the place of systematic mechanical treatment. Much disappointment has been caused by failure to realize that it is only an incident in the treatment of club-foot.

The appliance used by Dr. Taylor consists of a steel shank, which is easily bent according to the requirements of the case, pivoted to a foot-piece composed of a sole plate and a side plate. It is worn inside the shoe. The shoe cannot hold the foot as it has no certain grasp and the foot slips and turns inside. The foot is to be held and gently forced into position by the properly applied pressure of straps and buckles, the sole being kept in contact with the sole plate by a three-tailed adhesive plaster applied to the leg, a piece of webbing being attached to the plaster and buckled to the heel of the apparatus. Moderate continuous stretching thus applied is irresistible, and is easily borne by the patient. During the prolonged after-treatment, the patient goes about quite independently, the brace being completely concealed by the shoe and stocking.

Dr. V. P. Gibney had formerly corrected both the varus and equinus at once, but for some years past he had been in the habit of first converting the equino-varus into equino-valgus, and then reducing the equinus, the after-treatment being conducted with a retentive apparatus. He preferred taking six months to reduce the deformity, which can be done in many cases without tenotomy; but a speedy method consists in giving an anæsthetic and molding the parts for ten or fifteen minutes, and then reducing the varus by manual force. A light plaster of-Paris bandage holds the foot in equino-valgus for four weeks, and then the tendo Achillis is cut, and for ten days the foot is held in calcaneo valgus. An apparatus is then applied and the parents are instructed in regard to the after-treatment. In those cases in which the bones are mistakably distorted and elongated on one side and atrophied on the other, he had tried various methods including excision, stretching, and gradual and rapid replacement, with good results.

Dr. N. M. Shaffer preferred to use an apparatus applied on the outer side of the foot, believing that if applied on the inner side, it will have an improperly located centre of motion, as was demonstrated on the black-board. Points of pressure, however, are made as in the apparatus described by Dr. Taylor, on the inner aspect of the heel and the inner and upper aspect of the tibia; while between these points of pressure there is inserted a centre of motion to the outer side of and below the external malleolus. The operator is thus enabled, by the use of the key, to exert a real traction force on the resisting lateral tissues, the heel being thrown downwards and outwards, after the straight line is reached, instead of upwards and outwards. He had not found it necessary to use adhesive plaster in this method of reducing the deformity. He favored the application of exaggerated force at very short intervals if reduction cannot be effected by constant pressure. As soon as this rigorous treatment has made it possible for the patient to properly apply the foot to the floor, a walking shoe is applied, which makes use of the weight of the body as a means of overcoming muscular and ligamentous resistance.

Dr. R. H. Sayre said that the treatment of club-foot is simply a question of bringing the foot into a normal position and keeping it there while shortened tissues are gaining length, and lengthened ones are contracting to their proper dimensions. If resistance is encountered, cutting the fibres is certainly preferable to tearing them by the exercise of great force. Whether or not a tissue can be stretched may be determined by putting

the part on the greatest possible stretch and, while so stretched, making point pressure with the finger or pinching the part between the finger and thumb. If a reflex spasm is obtained, this tissue will not stretch. Dr. Taylor has well said that tenotomy and osteotomy are only steps in the treatment; and the method to be adopted is to keep the foot in the normal position while it is growing. We may derive encouragement from the marked results of the Chinese in their persistent efforts to deform the foot.

Dr. Judson preferred a lever on the inner side of the foot, and used a single strip of adhesive plaster wound around the foot and buckled on the side of the foot-piece. In this way, the ankle is drawn into the concavity, the foot is untwisted, and the heel is held in contact with the foot-plate. In the new-born, the deformity is to be reduced in the most convenient of a half dozen approved methods. This must be gently and thoroughly done by the time the child begins to walk. After that, a light brace, worn for many years, should hold the foot on the right side of the dividing line between varus and valgus, so that every foot-fall of the growing child shall give an impulse toward the normal shape.

Dr. Ridlon thought that orthopædic surgeons frequently failed to recognize the fact that the after-treatment in the cases is of the same duration whether the deformity be corrected in a few days by operative means, or only after many months or years by instrumental means. It is doubtful if it be justifiable to confine a patient for so long a period as is usually done when instrumental means are employed, simply to avoid an operation. Another objection to the mechanical treatment of these cases is that valuable time is lost during the period of growth, for a crooked foot grows crooked, and a straight foot straight. It would therefore seem desirable to correct the deformity at the earliest possible moment in order to get the benefit of the growth in the corrected position, and in order to get the correcting force of the superincumbent weight as described by the last speaker. Congenital cases in very young children, which yield readily to stretching, may be treated in that way; and other cases which can in a reasonable time be corrected by intermittent traction, would seem to be suitable cases for mechanical treatment; but the severe forms of club-foot should be subjected to more vigorous measures.

SELECTIONS.

THE HISTOLOGY OF BRIGHT'S DISEASE.

BY GEORGE F. CROOKE, M.D.

The material examined consists in considerably over a hundred individual cases of nephritis of all forms, and represents the work of ten or twelve years; but the subject of the paper includes only Bright's disease proper; all the suppurative and other forms of kidney mischief, due to local causes, are purposely excluded.

The examples of acute nephritis number sixty, of which only three were instances of an idiopathic affection, the rest being associated with other diseases, mostly of a specific febrile nature.

While rejecting the term parenchymatous in Virchow's strict meaning of it, I am disposed to retain it for those cases where the parenchymatous changes undoubtedly predominate. Interstitial changes are undoubtedly also present, but in so slight amount that they might in places easily be overlooked. I have met with a number of such cases where the parenchymatous changes constituted the main anatomical features. I quite subscribe to Cohnheim's classical dictum that glomerular changes alone may be responsible for the cardinal symptoms of Bright's disease, and in a few cases these changes may be so prominent and extensive that the nephritis merits the title of acute glomerular nephritis.

The term acute diffuse nephritis I apply to those cases of nephritis where the parenchyma, the stroma, and the vascular apparatus are almost equally affected, and the extent of the changes indicates the intensity of the inflammation. Cases of acute nephritis of a hæmorrhagic or septic character usually show these changes.

Then there are cases where the stroma is principally affected by a round celled infiltration, and these I term acute interstitial nephritis. Cases have been described by Dr. Coates (our President), by Biermer, Wagner Klein, myself, and others in scarlatina.

Coming, now, to chronic nephritis, I take the large white kidney first. As regards its histogenesis, it develops as a chronic nephritis usually in connection with diseases of a subfebrile nature, such as phthisis and chronic suppuration, and it is in these examples that amyloid changes are found associated with the parenchymatous.

Regarding the relation of the two, I coincide with the view recently expressed by Dr. Saundby in his book, that the two processes are concomitant or co-ordinate, and traceable to the same cause. In other words, so far as my observation leads me, the extent of the amyloid changes found in some of these cases is so slight in comparison to the extent and intensity of the parenchymatous, that the two cannot be regarded in the relation of cause and effect. This view has been more recently expressed by Orth in the first part of his second volume on Pathological Anatomy. Cases, however, are met with where the origin of the chronic parenchymatous nephritis is distinctly traceable to an acute attack, or to the effects of, perhaps, several intervening attacks. Other noteworthy histological features in cases of subacute or chronic parenchymatous nephritis are the glomerular and interstitial changes present, which have previously attracted the attention of pathologists. In my series there are quite gradations in the transition from the large to the small, white, contracted, granular kidney. Examples of the chronic interstitial and glome-

rular nephritis developing from an acute attack are demonstrated in scarlatina. In a proportion of cases, varying in the experience of different pathologists, the kidney changes are secondary to generalized vascular changes, such as the gouty and the arterio sclerotic kidney of advancing age; the primary changes are of a chronic inflammatory nature, and limited to the blood vessels and stroma around them; the secondary are degenerative, affecting the glomeruli and parenchyma. In such cases the cardio-vascular changes are primary, and the kidney changes secondary, while in other cases of nephritis, such as the chronic parenchymatous interstitial forms, they are secondary to the disease of the kidney itself.

These cases are the only link disconnected, as it were, from the chain of evidence of the unity in the histogenesis of nephritis as a substantive disease of the kidney. Kidneys the seat of slight interstitial changes of vascular origin, as above referred to, are very prone to intercurrent acute exacerbations; and I have seen three cases where the fatal issue occurred during the acute stage. The kidneys were by no means enlarged.

Regarding the vascular and glomerular changes in Bright's disease, in acute nephritis they are active and proliferative in character, and found in the muscular coat and adventitia of the small arteries, and in the glomeruli, mostly in or amongst the vascular tufts themselves, and in acute interstitial nephritis around Bowman's capsule. In subacute and chronic cases they are found mostly within the capsules in the form of an exudation which compresses or strangles the capillary tufts, or in more chronic cases the latter undergo hyaline degeneration, the intra-capsular exudation undergoes organization, and the tufts gradually become incorporated with the fibro-nucleated thickening of the capsule, constituting the so-called hyaline fibroid or myxomatous degeneration of the glomeruli. Such a de generation is eminently productive, and not necrotic in character, and expresses a descent from a higher to a lower type of structure. Lastly, we must always bear in mind and carefully distinguish between the productive and degenerative changes in considering the pathology of nephritis in general.—*Brit. Med. Jour.*

Hypodermic Use of Morphia—The Initial Dose.—Great diversity of opinion exists as to what constitutes a safe initial dose in a person unaccustomed to its use. This should not exceed for an adult female one eighth grain, for an adult male one sixth grain. I have myself seen death follow upon the injection of one-quarter grain in an adult male, and Ringer says "a larger quantity than one-sixth grain sometimes produces serious consequences." There are, I think, two reasons for the large quantities given: 1. The maximum officinal dose of half a grain is much too high. This is evident when we consider that the maximum hypodermic dose, and that for administration by the mouth, is fixed at the same quantity, namely half a grain. All authorities are, I believe, agreed that morphia injected hypodermically is at least twice as potent as morphia given by the mouth. The maximum hypodermic dose ought, therefore, to have been fixed at one-quarter grain instead of half a grain, and we have, I am afraid, the British Pharmacopeia to thank for many fatal results that have occurred. 2. Many of the younger members of the profession have taken their standard of an ordinary dose from the quantities they were ordered, when clerks or dressers, to inject during the time they were in the hospital. They forget that the majority of these patients were suffering from incurable disease.—*Braithwaite's Retrospect.*

Spurious Pregnancy and Labor.—Dr. Metzlar, of Leyden, has recently described, in a Dutch journal of obstetrics, an interesting case of this remarkable morbid condition. A woman, æt. 41 years, applied, on July 1, 1888, at a Leyden hospital for attendance at her next labor, due she stated in September. Dr. Metzlar was called in on October 27, the patient declaring that labor pains had set in. Thus, as has been observed in other cases, the delusion continued after the normal term, according to the woman's own reckoning, had passed. The abdomen was much distended and universally tympanitic and no tumor nor enlarged uterus could be felt. Then it was found that the catamenia had never ceased throughout the course of the suspected pregnancy. The abdominal walls and the breasts had recently enlarged through it. There was very marked lordosis. Under anæsthesia the arching forwards of the lumbar spine and the abdominal distension disappeared. As the patient recovered consciousness the lordosis slowly returned. Dr. Metzlar also noticed that the patient made very deep inspirations followed by very shallow expirations and the abdomen steadily distended. Neither laxatives nor hypnotism had any effect in diminishing the size of the phantom tumor.—*Brit. Med. Jour.*

Chromic Acid Poisonous as a Caustic.—Dr. William Weber, of Pittston, Pa., in *Therapeutic Gazette*, calls attention to the poisonous effects of chromic acid used as a cautery, quoting numerous German authorities, and among them men of distinction. It seems not to be generally known that chromic acid is poisonous. It is not stated what amount is dangerous, but it appears to be in cases where large surfaces have been cauterized. This writer has been in the habit of using it, following the success of Dr. W. J. H. Bellamy, in syphilitic mucous patches of the lips and tongue, and the results have simply been inimitable. We use it also in follicular pharyngitis applied pure by means of an instrument made by Snowden, of Philadelphia, the acid being fused on the end of a curved spring applicator for cauterizing separate follicles; we have seen no toxic effects. The words of caution are necessary, but we would be sorry to see this valuable agent tabooed; we presume that caution in limiting it to small areas is al sufficient.—*N. C. Med. Journal.*

ORIGINAL ARTICLES.

TWO CASES OF CÆSARIAN SECTION.—POST-MORTEM MATRIS.

BY DR. WM. H. PARISH, PHILADELPHIA.

In the summer of 1884, Mrs.——, æt. 23 years, living a few doors from where I then lived, had nearly reached the full period of pregnancy. She was under the professional charge of Dr. Wharton Suckles, who was temporarily out of the city. The patient had enjoyed excellent health prior to and during her pregnancy. She had just eaten a hearty midday meal, when, on arising from the table and passing into the parlor, she was seized apparently with intense dyspnœa, and attempted to reach a window, when she fell over on the carpeted floor unconscious. There was no convulsive manifestation. The face became puffed and livid, with escape of frothy and slightly blood-tinged mucus from the mouth. Dr. Hickman, living about one block away, was at once summoned and hastened to the house. He found the patient moribund. In a few minutes she was dead. Dr. Hickman continued efforts at resuscitation some minutes after her death, when, finding the fœtal heart beat distinctly and nearly normal in frequency, he directed his attention to the delivery of the child. Cæsarian section was peremptorily forbidden by the distracted husband, when Dr. Hickman hastened home for his obstetric forceps. As he was returning to his patient he requested me to accompany him. On my arrival there was not the slightest doubt as to the death of the mother. A vaginal touch showed the cervix undilated. The palpation evinced a large child. Delivery by the vagina would have doubtless occasioned too great delay. We were repeatedly forbidden by the husband to deliver by section, and some time was lost in securing his consent, or rather non-interference. In the mean time the fœtal heart-beat had become reduced to eighty per minute, but yet remained strong and distinct. In fact I never heard, on any other occasion, so loud a fœtal heart-sound, although the lady was stout, with thick abdominal walls.

We estimate it was about twenty-five minutes after the mother's death before permission to make a section was granted. As I still held my knife in my hand I made a rapid section, and in two strokes the fœtus was removed. The incision was a median one.

The child weighed probably nine pounds. It was somewhat livid. Superficial and gasping respiration occurred with the frequency of one in every forty seconds, and the heart-beat was then forty per minute. To the hand there was no appreciable reduction in the temperature.

Our efforts at resuscitation did not improve the condition of the pulse or of the respiration. The child lived seven hours. Its condition was that of asphyxia, gradually induced. Oxygenation of its blood had ceased with the mother's death, and the fluid had doubtless become surcharged with carbolic acid and other gases arising from the metamorphosis of its own tissue, and probably from post-mortem changes in the maternal structure.

I am permitted by Dr. McElroy to report the following case: On Aug. 30, 1889, Mrs. D. had reached the seventh month of gestation, when death occurred from protracted phthisis. The mother was greatly emaciated, and her death had been anticipated by Dr. Graham, her physician. Under the directions of Dr. Graham the abdomen was enveloped in hot flannel clothes, immediately on the death of the woman, and he had been previously summoned. Unfortunately, Dr. Graham was not at home, and much time was lost in securing the presence of a physician. About two and a half hours after the mother's death Drs. Tracy and DcElroy reached the patient, and finding pulsation of the fœtal heart, Dr. McElroy at once made a Cæsarian section. The abdominal incision was made to the left of the median line. The child opened its eyes and breathed imperfectly, but died in about four hours. It was of small size even for a seven months' child. Prior to the section the fœtal heart-beat was very distinctly heard, being eighty to the minute. According to what would seem reliable information, the section in this case was made about two and a half hours after the death of the mother.

Cases of *post mortem matris* delivery are of sufficient infrequency and of sufficient interest to justify publication, though they may present no new facts. There is nothing very peculiar about either of these two cases. It will be well, however, to note that a seven months' fœtus was alive when removed two and a half hours after the death of its mother from protracted phthsis pulmonalis. It is generally believed that, under such circumstances, the fœtus dies either before the mother or almost immediately after her death. In my case the mother seemed in excellent health up to the moment of her death, the fœtus was a large one and nearly mature; yet it was so asphyxiated at the expiration of twenty-five minutes after its mother's death that its removal at that time did not save its life. It is well to notice, also, that in each of these cases the fœtal heart-beat was disdinct, slow, and regular, its frequency being reduced before delivery to eighty per minute. This reduced frequency being that of the adult female pulse should not mislead the attendant to mistaking the fœtal beat-sounds for the pulsation of the dead mother's aorta, for thereby delay fatal to the child would arise.

In my case we endeavored to effect a resuscitation by hot and cold douching, and subsequently by the Sylvester method. I have, however, no confidence in the latter method of effecting respiration in the new-born infant. The exposure incident thereto leads to serious reduction of temperature, and the muscular fatigue produced must be exhausting to the infant. I would suggest that in such cases as here reported the inhalation and forced introduction of oxygen be secured to effect

the resuscitation of the child. When the maternal death is anticipated the oxygen should be secured in advance. Under other circumstances, inasmuch as the child often lives several hours after removal, oxygen can generally be secured in our large cities, and possibly without very great delay.

I know of no more elaborate and rational consideration of the general subject of *post mortem matris* delivery than is presented in the excellent article of Dr. E. L. Duer, published in Vol. 12 of the *American Journal of Obstetrics*. I can add nothing important thereto. I will, however, submit the following proposition:

1. That in every instance of death of the pregnant woman after a period of possible viability of the fœtus has been reached, delivery should be at once effected, perferably *per vias naturales*, if it is evident that delivery in this way can be effected as promptly as by Cæsarian section. Otherwise the section must be immediately made. One must not wait for the consent of a relative. It is sufficient to have no active resistance from that direction. The surviving parent should not be permitted to doom the imprisoned fœtus to death. Where it is very probable that the fœtus will die, or that it is already dead, non delivery is unjustifiable. Only the certain death of the fœtus can justify the attendant in withholding his hands. The fœtal heart-sounds may be absent and yet the fœtus be living. It must be remembered that, with recent improvements in the management of prematurely born children, viability must be recognized as existing in the sixth month.

Delivery prior to viability, by section or otherwise, is indicated for the purpose of baptism, if the relatives or deceased mother's clergyman so desire, for we, as physicians, must respect such religious rights and convictions.

REPORT ON PROGRESS.

OPHTHALMOLOGY.

BY R. L. THOMSON, M.D.

Prognosis in Disease of the Optic Nerve.

Dr. J. L. Thompson, of Indianapolis, gives the following conclusions:

1. Progressive atrophy, with no evidences of former inflammation, rarely gives any clue to its etiology. In such cases the prognosis is that vision rarely improves. If it occurs in but one eye which quickly becomes blind and after an interval of several months no sign of failure in the acuity of vision takes place, then the prognosis is favorable as to the second eye.

2. In atrophies of the nerve following pernicious intermittent fever, though vision has been almost *nil* for years, it often improves very much when least expected.

3. Inflammation of the optic nerve resulting from violent exercise, disturbances in menstruation, etc., occurring in plethoric persons admit of a very favorable prognosis.

4. Atrophies occurring in very anæmic patients usually permanently impair or destroy vision.

5. Where inflammation of the nerve is caused by meningitis and that is of syphilitic origin the prognosis is highly favorable; but when said meningitis is of other origin the prognosis is gloomy as to sight and life.

6. Inflammations of the optic disc caused by brain tumors often change so in appearance, and such improvement takes place in the patient, owing to subsidence of meningeal inflammation, effusion and other modifying causes, that one is liable in some cases to doubt the correctness of his diagnosis or to modify his views as to the prognosis; but death is the result with few exceptions.

7. Inflammation of the optic nerve and retina occurring in the course of Bright's disease, means death in from one month to two years. I have seen many cases and none have survived the last mentioned period, except pregnant women; some of these have died. One (in whom premature labor was brought on) has perfect vision and one where it was not produced is stone blind.

8. Atrophy of the optic nerve following long continued abuse of alcohol and tobacco combined calls for an unfavorable prognosis as regards vision. But where those poisons are given up before atrophy sets in, even though the sight is but $^{10}/_{200}$, perfect restoration of vision usually takes place, not by the "tapering off" method but by the sudden discontinuance.

9. Atrophy occurring during the process of retinitis pigmentosa, either congenital or acquired, offers nothing favorable as to prognosis.

Complications in Extraction of Cataract Without Iridectomy.

Dr. Charles Stedman Bull reported 100 cases of extraction without iridectomy, in the *N. Y. Med. Journal*, November 2. He closed his report by the following summary of complications and results.

Corneal macula or opacity in 9 cases, broad arcus senilis in 9 cases, old chorio-retinitis in 6 cases, chronic Bright's disease in 5 cases, chronic bronchitis and asthma in 4 cases, diabetes mellitus in 2 cases, dilated immovable iris from a contused wound in 2 cases, irido-choroiditis and blindness in 1 case, posterior synechiæ from old iritis in 1 case, pulmonary phthisis in 1 case, and hypertrophy and valvular disease of the heart in 1 case.

The reduction of the prolapsed iris after the extraction of the lens occurred spontaneously in 56 cases, and the iris was replaced by the spatula in 44 cases. In 53 cases there was neither incarceration nor secondary prolapse of the iris. In 53 cases there were no posterior synechiæ or adhesions of the iris to the lacerated capsule. In 47 cases these adhesions were

present, and in 10 of them they were due to plastic iritis.

The healing process was normal in 86 cases, though in some the process was very slow, especially in the closure of the external lips of the wound.

Iritis of the mild plastic type occurred in 10 cases, and retraction of the iris toward the ciliary processes in 3 cases. There was loss of corneal epithelium in 2 cases, and "striped" keratitis in 1 case. The wound became infiltrated in 3 cases, necessitating the use of the galvano-cautery. Choroiditis and hyalitis occurred in 2 cases, and irido-choroiditis with occlusion of the pupil also in 2 cases. Capsulitis followed in 1 case.

The accidents which occurred during the operation were as follows: 1, loss of vitreous in 13 cases; 2, hæmorrhage into the anterior chamber in 2 cases; 3, complete collapse of the cornea in 2 cases; 4, dislocation of the lens in 3 cases; 5, the lens was removed with the blunt hook in five cases.

The duration of the treatment varied from 11 days, the shortest period, to 47 days, the longest period.

Secondary or after operations were done in 53 cases —discission or laceration of the capsule in 50 cases, and excision of a piece of capsule or pseudo-membrane in 3 cases.

The resultant degree of vision in the 100 cases was as follows: In 6 cases, $^{20}/_{20}$; in 13 cases, $^{20}/_{30}$; in 24 cases, $^{20}/_{40}$; in 22 cases, $^{20}/_{50}$; in 21 cases, $^{20}/_{70}$; in 10 cases, $^{20}/_{100}$; in 2 cases, $^{20}/_{200}$; counting fingers at several feet in 1 case. No perception of light in 1 case, eye previously blind for many years.

[These results compare favorably with any that have yet been reported and must be counted among the brilliant achievements in ophthalmology. In the last case mentioned Dr. Bull does not state clearly the condition of the eye previous to the operation. The simple fact that an eye has been "blind for many years" is no reason why a bad result should follow, and yet we cannot believe that Dr. Bull would remove the lens from an eye in which there was no perception of light].

The Græfe Prize.

Prof. Deutschmann, of Hamburg, was awarded the Græfe prize at the International Ophthalmological Congress at Heidelberg. The subject of the essay was "Ophthalmia Migratoria."

Pieces of Steel Removed From the Vitreous.

Dr. Wadsworth reports (*Boston Med. and Surg. Jour.*) one case in which he removed a piece of steel from the vitreous four weeks after it had passed into the eye and through the lens. The magnet was introduced and withdrawn once without result. The sclerotic wound healed kindly and all redness passed away. The lens grew gradually more opaque and 13 months later patient could count fingers only very imperfectly. It is probable that had this patient lived long enough the lens could have been removed leaving a useful eye.

In another case reported by Dr. Wadsworth the magnet was pushed into the vitreous and withdrawn a second time without result; the third time it brought the piece of steel away. The wound healed and all redness passed away. The greater part of the lens remained clear, but detachment of the retina followed which six months later was so near complete as practically to destroy the vision of the eye.

Though the chief object of the operation in this case —the preservation of the vision—was not gained, the retention of an uninflamed eye ball in its socket is something greatly to be desired.

Recovery From Hemianopsia With Subsequent Necropsy.

Mr. Doyne reported a case (*British Medical Journal*) in which the loss of vision in one-half of the right eye was sudden; two weeks later this hemianopsia had disappeared, but subsequently a quadrant of the opposite side of each field was lost. Patient died of apoplexy. At the autopsy, in addition to the extravasation which caused death, there were found symmetrical lesions on both sides of the brain in the cortex of the occipital lobe, one evidently more recent than the other.

Mr. Anderson reported a somewhat similar case in which the autopsy showed a recent blood-clot in the posterior corner of the left lateral ventricle, with hæmorrhage and softening of the tissue external to this, involving the whole of the angular gyrus up to its surface, the central part of the area being occupied by a walnut-sized cavity containing a straw-colored fluid. The tissue replacing the angular gyrus was gliomatous in character.

It is a curious fact that gross lesions in any part of the brain substance may cause the loss of vision.

Size of Cornea in Relation to Primary Glaucoma.

Mr. Priestly Smith (*Brit. Med. Jour.*) has found that the average width of the cornea is 11.6 millimetres; the size of the cornea bears no definite relation to age, sex or refraction, but of 69 persons suffering from primary glaucoma (there being 99 glaucomatous eyes and 32 healthy ones) the number of corneas less than 11 mm., was 26%. Whereas, of 500 persons examined who had healthy eyes only 4% were less than 11mm. More important still is the fact that of the 1,000 eyes of healthy persons there was not one cornea so small as 10 mm., while there were 9 such in the much smaller group.

Treatment of Symblepharon.

Professor Snellen (Utrecht) described an operation for the cure of symblepharon, which had given him very satisfactory results. His plan was to free the adherent lid, leaving any conjunctiva which might be present attached to the globe. A flap of skin was then dissected from the

cheek, having a narrow pedicle close to the border of the lid near the outer canthus; a buttonhole being made beneath this flap from the inner surface of the eyelid, the flap was drawn through and attached to the raw surface of the lid. The conditions were peculiarly favorable for plastic operations, and Professor Snellen had been much pleased with the vitality shown by the flap. This plan had also proved of value in enlarging a socket for the reception of an artificial eye.

A New Operation for Ptosis.

Professor Snellen had recently adopted the following operation for cases of ptosis: A ligature was passed from without inwards through the entire thickness of the lid at the upper edge of the tarsus; the needle was then passed outwards through all the structures but the skin at a point near the upper limit of the conjunctival sac, and made to perforate the skin near the original puncture. The ends of the ligature were then tied tightly on the surface of the lid. Three such ligatures were employed, disposed rather towards the nasal side, on account of the position of the levator.

On the Treatment of Episcleritis.

Professor Snellen recommended the injection, once or twice a week, of a 1 to 5,000 solution of corrosive sublimate beneath the swollen and thickened conjunctiva and episcleral tissue. By this means he had obtained good results in a few cases of very intractable episcleritis.

Treatment of Prolapsed Iris.

Dr. Fulton, of Minnesota, says that if after cleansing an injured eye, the iris be found wounded and protruding through an opening in the cornea, the opening should be extended laterally and the iris cut away from the vicinity of the corneal opening; but that if the iris be not wounded it should be returned to the anterior chamber.

I see no reason for enlarging the corneal wound. The larger it is the greater the amount of iris that must be cut away, and the greater will be the mutilation of the eye.

Hygiene of the Eye.

Galeyowski says (*N.Y. Med. Jour.*) myopic eyes, above all others, require the most rigid hygiene. Without it grave intra-ocular changes result that are beyond the reach of therapeutic measures. In marked myopia there is perpetual effort made by the eye to obtain binocular vision during work. Experience has proved that such vision is not secured when the distance for distinct vision is less than from 75 to 90 inches. Under such circumstances work soon strains the eye, bringing about muscular asthenopia. Intra-ocular disorders quickly follow, if this condition of myopia is not overcome. It should be corrected by the weakest glass that will secure good sight, which is exactly what the myopic patient avoids, preferring the strongest glass—one that calls accommodation and convergence into action, the most important thing not to do. When myopia exceeds 3.5 or 4 diopters, glasses should always be used for work. Ordinarily, a medium degree of myopia requires glasses of only half the strength of those used for seeing at a distance. They must be suitable for the kind of work and the wearer, who should not use them for greater distances than from 75 to 90 inches. Other damage is done by calling accommodation and convergence into play. Eyes that are sensitive, strained, or affected with opacities require glasses of neutral tint, that allow no yellow rays to pass, which diminish the intensity of solar light without altering its composition. In the choice of a profession, attention must be paid to the visual power of the individual, as it is impossible to make a good soldier of a man who has myopia to the extent of 6 diopters; so, also, is it impossible to make such a man an engraver or a type-setter. Rest should be given the eye during work. If this precaution is followed, steady reading or writing is possible without producing congestion, partial closing of the lids, and sensitiveness to light. In every occupation the most comfortable and convenient posture is the one to choose, for thus strain is averted. Persons who write much should avoid bending over, as this quickly causes fatigue. It is well to write sitting for a time, and then to write standing. Reading in bed is an abomination, tending to provoke strain and asthenopic disorders.

Ophthalmia Photo-Electrica.

According to the *Deutsche Medizinal-Zeitung*, Dr. Lubinski has observed a peculiar form of inflammation of the eyes, usually in persons employed about electric lights, to which he has given the name ophthalmia photo-electrica. It appears to be due to looking at the very bright light from a short distance, without proper protection to the eyes, such as dark glasses. Soon after thus looking at the light a succession of bright spots appears before the eyes, each remaining but a short time and then being replaced by another. During the following night the patient suffers severe ocular pain, with lacrymation and photobia. The lids are swollen, the movements of the eye are painful, and there is circum-corneal injection, with hyperæmia of the entire eye. This condition continues from an hour and a half to three hours. Then the patient falls asleep and awakes in the morning apparently well, except for a tired feeling in the eyes. The retinæ are still hyperæmic, and sometimes venous pulsation can be seen. Lubinski recommends cold applications, very frequent instillations of cocaine, and chloral or quinine with morphine.

TRANSLATIONS.

RICORD.

ADDRESS BY ALFRED FOURNIER.

Translated by Wm. N. Beggs, A.B., M.D.

[CONCLUDED.]

GENTLEMEN, I have rapidly sketched for you the doctrines of Ricord. I say his doctrines and not his work. Do not confound the two; for if I had assumed the task of speaking of his work, with how many omissions should I have to reproach myself!

I have not had time to describe to you his many services rendered to science, such as the application of the speculum in the study of venereal affections in women, which made an innovation and a revolution in the *Midi* in the double sense (scientific and tumultuous) of the word; modifications and improvements in the surgery of the genital organs, especially in operations for phimosis, paraphimosis, varicocele, etc.; the therapeutic regulation of the various venereal affections, of syphilis in particular; the special application of potassium iodide in the treatment of tertiary affections; innumerable discussions with numerous contradictions, indeed against unexpected adversaries, as well as syphilographers.

I have not been able to describe to you his instruction, his clinics, his books, his *Annotations to Hunter*, his *Traite pratique de maladies veneriennes*, his *Lettres sur la syphilis*, as remarkable for its style as for its science, his *Lecons sur le chancre*, his *Iconographie de l'hopital des veneriens*, which is still the best special atlas which we possess.

I have not been able to relate to you some of his masterly descriptions which have established science upon various points, such, for example, as the chancre, testicular syphilis, the bubo. Is not this latter especially a masterpiece? In this model of description and clinical analysis how many new truths have been dedicated and forever fixed by these aphorisms in simile for which the master had such a notable predilection!

"The bubo is the faithful companion of the syphilitic chancre, as the shadow follows the body."

"The usual form of the bubo is a group, a chaplet, a pleiad of indurated, indolent glands." The word has been retained. It is commonly known to-day under the name of Ricord's pleiad."

"The bubo is a posthumous witness of the syphilitic chancre, a witness which not only is a proof of the chancre, even when the latter no longer exists, but also indicates its precise location."

"The chancroidal bubo and the phagedenic bubo testify against the syphilitic chancre, and testify to the simple chancre."

I tell you nothing unknown to you when I say that by all his works, all his contests, and all his reforms, Ricord early achieved celebrity among his contemporaries. But I would give you a very imperfect idea of the position which he acquired at a certain period if I did not add that he exceeded celebrity even, this middle step to glory, to be raised to the highest summits of fame. It is no exaggeration to say that he conquered glory even, and enjoyed its pleasures for twenty years of his life. Indeed, homage, distinction and honors poured in upon him. Decorations covered his breast. His rooms were crowded with patients, and there were times when they were not closed before midnight. His amphitheater became too small, and he was compelled to lecture in the gardens of the *Midi*, under the famous "lindens." The hospital of the *Midi* became known as his hospital, "the hospital of Ricord," and he found there less an audience than a veritable court of pupils of physicians, French and foreign, to see the one man of the world, pressing upon him and applauding him as the innovator of the day, the "lawgiver of syphilis." I have seen him work, and I do not think I pass the bounds of truth, I do not think I deceive myself, in saying that he exercised upon his surroundings, upon all who approached him, a kind of ascendancy, a real fascination. His words poured forth as dogmas, revelations; and no one, not even of his intimates, would have the audacity to contradict him face to face, or to criticise.

Finally, as if it were necessary that none of the forms of distinction should be wanting, he had that of popularity, a privilege which in this century belonged to only two physicians, Dupuytren and Ricord. Public favor seized upon his name and spread it to the utmost. It is only just, however, to say that he deserved this popularity. He owed it as much to his labors, his discoveries, as to his natural gifts, *i. e.*, his friendly, lovable disposition, his wit and his *bon mots*, which were spread by all the papers, his kindness, which was proverbial, his generosity and his professional devotion. It is well known that his consultations were open to all disinterestedly, especially to the world of artists, students and literateurs. It is known that he never refused empty-handed patients. He has been met many times in the houses of the *quartier Latin*, which is not reputed to be a home of capitalists. It is related that one day at the hospital he risked his life, his health at least, to save one of his suffocating patients by tracheal aspiration, applying his mouth to the wound.

In short, his career was literally triumphal, and it may be said that Ricord gives the example of the greatest height, the rarest fortune, that it may be permitted to a physician of ambition to dream of seeing.

Alas! this fortune was destined one day to fall and have no equal in the report of the fall. It is this sorrowful page which remains for me to relate to you, at least from its scientific side.

The doctrine of Ricord was too extended to be unassailable on all points. How could a single man, overthrowing all the past, and reconstructing upon the ruins a new scientific edifice, reach at once the exact truth in every thing? This power would have surpassed the limits of human nature.

The work of Ricord, then, could not be perfect, and it was not. It contained in particular one absolutely erroneous point.

He denied all contagious qualities to the subsequent accidents of syphilis, especially the secondary symptoms. How a physician of his ability could commit such an error would seem to us incomprehensible. I must tell you how this mistake became possible. To explain it we must take into consideration the conditions under which it was produced.

Experimenting in a similar manner upon the results furnished by inoculation (that is, auto-inoculation) of the pus from chancres and pus from mucous patches, but experimenting at a time (note this well, for it is essential) when the chancre still constituted an undivided morbid unity, Ricord obtained the following results. Most often he obtained with pus from chancres positive inoculations, while invariably the pus from mucous patches responded negatively to inoculation. Then he said that the syphilitic virus existed in the pus of the chancre, but not in the pus of the mucous patch.

Then—and here was his mistake, applying this experimental result of auto-inoculation to the morbid contagion—he reasoned as follows, by induction: Since the syphilitic virus resides in the chancre, the chancre must be transmitted by contagion. And then, conversely, the syphilitic virus not existing in the pus of the mucous patch and the secondary symptoms, the mucous patch and the secondary symptoms must not be contagious.

What happened then? This: that in this line of work, Ricord remained always defiant, when he himself presented, or when others presented to him, cases seeming to testify to the transmission of syphilis from secondary affections. Could the experimental test have deceived him? Is not the clinic often subject to error? On the whole, if the inoculation and the clinic disagree, are not the chances greater that the truth will be on the side of the clinic?

This time it was not the clinic which was wrong. Indeed, long ago numerous observations of the transmission of syphilis from secondary affections have been produced by many observers. Ricord rejected them all, finding none, he said, which were of a nature to force his convictions. Finally one day two men had the courage, in order to remove all doubt, to commit what one of them himself qualifies as an "evil deed," viz., to inoculate four healthy subjects with the secretions taken from various secondary lesions. These experiments, which took place here and were followed and controlled by a numerous public, excluded all risk of error. They had the undeniable result of communicating syphilis to the four subjects in question. Then they were produced befere the Academy in an official report. The truth then finally burst forth into full light. No opposition was possible. Ricord must yield, and ccept the contagiousness of secondary lesions.

Now this battle, lost by Ricord, over this which was (note it well) only an isolated special point of his doctrine, had a result which not even those among you who do not know the page of history which remains for me to touch, would expect. It was little less than a genuine disaster for the scientific fortunes of the master, and it seemed for an instant as if it must compromise the entirety of his doctrine.

Indeed one does not fall half-way from heights to which Ricord had raised himself. Following so many triumphs the defeat which he had just suffered was all the more resounding. It brought an irreparable blow to the prestige of the master. It awakened the hopes of the old doctrines. In a word, it left the field open to a violent and passionate reaction. Now you know what all reactions are. Their qualifications are excess, injustice, blindness. This was not less than typical. It was turned loose, if not upon the man, at least upon his work. Affecting to consider the contagiousness of sec ondary legions, as sustained by Ricord, as the keystone of his edifice, it thus cast suspicion upon the entire doctrine. "Behold your keystone upon the ground; judge of the solidity of what remains. Soon we shall have nothing else but ruins."

Circumstances caused this reaction to have good play against Ricord. For the hour for his legal retirement had just struck, depriving him of his hospital, his office, his rostrum. Indeed, from this moment the great master abandoned militant life, and produced no more.

Gentlemen, you can judge of this reaction with coolness, for it has long since passed. It was—I do not hesitate to say it—it was entirely void of reason and justice. It was absolutely unreasonable because it confounded one point in the doctrine of Ricord with his entire doctrine. Mucous patches have become contagious. That modifies one article of the code of syphilis which Ricord proclaimed. That is all. But because one single point of the entire Ricordian work was touched, the rest no longer remains intact.

Again this reaction was extremely unjust. Ricord's error had two excuses and it would at least have been equitable to take them into account. One was, as I have already said, that the beginning of his experiments on inoculation was at a period when the simple chancre was not known to any one. The other was of a different order. Ricord, with the respect which he had for his patients, had always refused to experiment upon them at the risk of giving them syphilis, in order to know if they could take in by such or such an experimental procedure. He never consented to use the lancet upon a healthy man. One could at least pardon him for being conquered by arms which he would never con sent to use.

To day, gentlemen, when the question of person no longer exits, when the passions and wrath of the struggle are calmed, all things are re-established in their places and justice is properly rendered to him by the present generation. For the present generation the work of Ricord remains grand and fruitful.

I do not wish to exaggerate, and I do not wish to say, deceived by affection and gratitude, that the syphilis of

to-day in the syphilis of Ricord, as it, for example, existed in 1850. No, syphilography has done what all sciences have done. It has progressed. It has been perfected. But to whom should thanks be given if not to him who opened the way for all this progress? To every impartial mind it is an undeniable fact that syphilography of to-day rests upon a foundation which is, pardon the expression, a Ricordian foundation. If to-day we no longer lose our time in discussing the syphilitic character of blenorrhagic or other affections; if the unity of syphilis is a thing known and common place; if we can distinguish the infecting from the non-infecting chancre; if we no longer give mercury except to certain syphilitics; if we know that potassium iodide is suitable, if not exclusively, at least especially, for the symptoms of a given period in syphilis,it is to Ricord,and to Ricord alone, that we owe thanks. Thus the foundations of contemporary syphilography are constituted by the groups of truths which spring from his instruction. We do not think of this. It would be well to remember it.

Ah well! If it is thus—and this will be the last word of this sketch, which, were it not for the cares of other studies which claim my attention, I had wished to make longer and more worthy of the master—if it is thus, Ricord has nothing to fear from the judgment which an impartial posterity will pass upon him.

Either I deceive myself greatly, or posterity will say of him what I have said of him to you.

How great the man who has brought forward so many ideas; who has swept away such a heap of superannuated and dangerous ideas; who has created the anatomy of syphilis, and thus prepared the progress of the future; who has given the example of progressional duties and of knightly devotion; the man whose heart was open with pity, as hand with benevolence; the man who, when 71 years, the age when he would have a right to repose, became a military surgeon, at the moment of his country's distress, and went forth upon the field of battle about Paris, contributing his own person and giving an example to the young.

How many grand and noble things (posterity will doubtless say) has this man accomplished! What an honor he has been to the French name! How much he deserved from science, his contemporaries, his pupils, and his patient! He has a right to glory, to the respect of all.—*l'Union Medicale.*

Number of Dentists in Germany.—According to Dr. Paul Börner's *Reichs-Medicinal Kalendar f. Deutschland* for the year 1888 there are 16,864 medical men and 514 dentists in practice among a population of 46,840,587 inhabitants in the German Empire, while the number of chemists' shops is 4,671, and of hospitals 2,737. In face of these figures, it may be truly said that the dental profession is not overcrowded in the Fatherland.

WEEKLY MEDICAL REVIEW.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, JANUARY 18, 1889.

Eye-Symptoms in Diagnosis, for the General Practitioner.

An excellent paper is one by Dr. D. C. Cocks in the Boston *Med. and Surg. Jour.*, pointing out the lack of appreciation, by a large number of medical men, of the important bearings that eye-symptoms have on diagnosis and treatment. An organ, such as the eye, which gave pathognomonic signs in some cases, and in others, symptoms which proved to be the key to the situation, could not well be turned over to the specialist on all occasions. A brief survey of the points treated will be of value.

Epiphora is sometimes the first symptom of facial paralysis. (Dacrio cystitis) indicates probably an obstruction in the canal or sac, the most frequent cause of which is a neglected nasal catarrh, or if this was excluded, exostosis and periostitis, the result of syphilis. Other constitutional troubles may account for it, as, for example, diabetes mellitus. Herpes zoster ophthalmicus is pathognomonic of changes in the fifth nerve and Gasserian ganglion. Morning œdema of the lower lids is associated with Bright's disease, and marginal blepharitis may indicate a lowered condition of the systpm, as well as errors of refraction, chronic conjunctivitis, and muscular insufficiencies. Pediculi of the cilia is sometimes mistaken for this condition. The history of an indurated sore of this region, as indicative of syphilis, should be carefully investigated. Ptosis of itself might mean pressure of syphilitic or rheumatic swellings or trauma, or a nuclear trouble suggestive of sclerosis.

Exopthalmus might indicate Grave's disease, or the presence of œdema and cellulitis dependent upon thrombosis of a cerebral sinus. Exopthalmus of one eye might indicate tumors of the orbit or its neighbor-

hood, syphilitic periostitis, or even an orbital hæmorrhage from whooping cough.

The correction of insufficiencies of the ocular muscles by prisms or tenotomies will often give an entirely new aspect to previously obscure cases. Paralysis of all the external muscles indicates a lesion of the central nervous system. Spinal sclerosis is frequently first indicated by a recurring paralysis of the third, fourth or sixth nerves. Paralysis of the ocular muscles is frequently the first symptom which evinces a basilar trouble or intra-cranial disturbance, and the location and progress of morbid growths can often be made out in this manner.

Phlyctenular conjunctivitis is usually indicative of lowered health, eye-strain, or unsanitary surroundings. Chronic conjunctivitis it also associated with nasal or pharyngeal catarrh. Syphilis should be thought of in connection with an indurated conjunctival ulcer. Phlyctenular keratitis indicates eye-strain, with or without reduced health and unsanitary surroundings, and is sometimes preceded by chicken pox, measles and scarlatina. Interstitial or diffused keratitis indicated a constitutional trouble, in the young in most cases congenital syphilis and is in a less number of cases due to secondary syphilis, latent or hereditary gout. Keratitis with hypopyon indicates infection from some quarter, possibly nasal catarrh, dacriocystitis, or carious teeth. Painless sloughing of the cornea in old people is probably due to atheroma. A cloudy or ulcerated cornea without pain or photophobia indicates a keratitis due to a lesion of the fifth nerve. Sclerotitis and episcleroti tis rarely occur unless in connection with the rheumatic diathesis.

Iritis should lead to a search for its cause. It might be due to hereditary, secondary or tertiary syphilis, gonorrhœa, malaria, variola, tuberculosis, rheumatism and gout. In complete paralysis of the third nerve, there is mydriasis and paralysis of accommodation, which may point to diphtheria, cerebral tumors,syphilis or fractures through the base of the orbit. Headache may be due to weakness of the ciliary muscles.

This interesting paper, being rather long, will be concluded in our next issue.

Rest in the Treatment of Phthisis.

The value of rest in the treatment of phthisis is thought to have been suggested first by Dr. Weir Mitchell more than ten years ago. In a recent number of the *Med. and Surg. Jour.*, Dr. Thomas J. Mays, Professor of Diseases of the Chest, at the Philadelphia Poly clinic, calls attention to this point.

He believes that phthisis must be looked upon as an affection, the fundamental lesion of which is a disease of the pneumogastic nerves, and not as a local inflammation of the lungs. This theory he first presented about two years ago, and he now states that this idea has been fully confirmed by later researches, and that the neurotic theory furnishes the only rational explanation of the beginning, the course and the termination of pulmonary phthisis. This rather startling statement is all that he makes known at present, but he proposes to publish in book form the results of his investigation from every available standpoint.

He goes on to say that if pulmonary consumption is viewed as a neurosis, it is necessary, in order to be consistent in practice, to remodel and revolutionize some of our ideas concerning the treatment of this disease. Weir Mitchell has shown that absolute rest, or an approach to it, is one of the most vital factors in the successful treatment of serious nervous diseases. *Ergo*, rest is the proper treatment for phthisis, considered in the light of a neurosis. He then relates four cases in which apparent recovery followed the application of this line of treatment, and is certain that the examples given represent the results which can be gotten in the great majority of consumptives who present themselves for treatment.

This encouraging promise is something of a departure, and we hope it will not be long before we are able to tell whether or not it can be fulfilled.

The doctrine of rest, though so utterly opposed to previous and existing methods of management of phthisis, and, therefore, not certain of a cordial welcome, has one thing in its favor, leaving aside the not very strong argument with which Dr. Mays supports it, and this is the fact that it has never been given a fair and extended trial.

Leaving out of account the consideration of phthisis as a neurosis, which fact Dr. Mays proposes to fully demonstrate (?), the mere fact that other methods of treatment looking toward a permanent cure are, to say the least, unsatisfactory, and the fact that rest, as applied to the treatment of certain classes of nervous diseases, and a few cases of phthisis, has given good results, though apparently not backed by a strong array of argument, these considerations should influence in favor of the further trial of rest as a remedial measure in phthisis, even upon a purely empirical basis.

Vulvar Infiltration and Ulceration.

In the New York *Medical Journal* of January 4, 1890, is an article by R. W. Taylor, M.D., on the above subject. He pays particular attention to the question of esthiomène or lupus of the vulva, first described by Huguier, in 1849. He is loath to admit the existence of lupus of the vulva, and his ideas on that head may be summed up as follows: If it is hereafter established beyond all question that lupus and tuberculosis of the skin are wholly identical in their nature and clinical history, we shall then have to admit that there is a lupus of the external female genitals. In the meantime we can content ourselves with the thought that what has heretofore been considered lupus on these parts is not lupus at all.

Tuberculosis of the external genitals is occasionally, but very rarely, found.

He believes that Huguier's description of esthiomène is a very fanciful one, based only on crude and far-reaching assumptions, and that it is probable that most of his cases so described were those of old syphilis. The influence of this description was wide and extensive, and to-day there are but few dissenters from the morbid entity called lupus, or esthiomène of Huguier.

A fair presentment of the views held to-day regarding simple (that is to say, all processes not included under the head of malignant degenerations) hypertrophic and ulcerative vulvar lesions is as follows:

1. That they are identical with lupus or the esthiomène of Huguier.

2. That they are the result of essential and specific syphilitic processes.

3. That they are the result of some indeterminate ulcerative process.

4. That certain cases may be the result of tuberculous infection.

Certain of those who do not accept the lupus theory look upon these affections as being peculiar and even extraordinary, and some regard them as mysterious and specific, and speak of them only in general terms.

Dr. Taylor, after much study and careful investigation for a number of years, feels warranted in presenting the following conclusions:

1. That a large and perhaps the greater number of chronic deforming vulvar affections are due to simple hyperplasia of the parts induced by irritating causes, inflammation, and traumatisms.

2. That chronic chancroid is a cause in a certain proportion of cases.

3. That many cases are due to essential and specific syphilitic infiltrations.

4. That other cases are caused by the hard œdema which often complicates and surrounds the initial sclerosis and perhaps gummatous infiltration.

5. That many cases are due to simple hyperplasia in old syphilitic subjects who suffer from chronic ulcerations of the vulva long after all specific lesions have departed.

6. That some cases also in old syphilitics are due to simple hyperplasia without the existence of any concomitant ulcerative or infiltrative process, and seem to be caused by conditions which usually in healthy persons only result in vulvar inflammation.

He believes that many of the cases reported by other observers as lupus are nothing more than cases of simple hyperplasia and hypertrophy. These growths are influenced in their development by many considerations, such as social position, cleanliness, etc. Some remain for years without any notable increase in size, others become larger and more troublesome and are excised, and perhaps but few reach large proportions. As age increases, these benign growths are very liable to become malignant in character, and this is particularly the case with the more vascular ones; consequently their removal should always be recommended in women about forty years of age.

Of the large hyperplasias and hypertrophies of simple origin it is impossible to give a systematic and comprehensive description, since they all differ from one another. Among the exciting causes have been found to be vulvar inflammation, whether simple or the outcome of antecedent chancroids, elytritis, herpes progenitalis, leucorrhœa, gonorrhœa, uncleanliness, tears in coitus and parturition, scratches, cuts, bruises, eczema, and all forms of traumatisms.

He calls attention to a form of vulvar hypertrophy consequent upon vegetations, which act as low-grade inflammatory foci, inducing hyperæmia and hyperplasia of the vulva, and sometimes leading to great distortion. This may be accompanied by ulceration of various forms and degrees. These hyperplasiæ while in their succulent stage may sometimes be mistaken for epithelioma, but the mistake should not last long. Among the points of distinction are the greater localization and density, the character of the ulcerations which may occur, and the glandular involvement of epithelioma.

Hyperplasia resulting from acute and chronic chancroidal ulcerations are quite common, and for their disappearance require, but are seldom allowed to receive, time, care and appropriate treatment.

Syphilis is an important factor in the causation of vulvar hypertrophies, but not the extensive or almost exclusive factor which some surgeons deem it, who reject the lupous origin of these deformities. The most common form of direct syphilitic hypertrophy is a kind of indurating œdema, without evidence of inflammatory engorgement or œdematous swelling, observable both in the early and late stages. Syphilitic vulvar ulcerations may be complicated by surrounding œdema.

A common condition in old syphilitics, which has not yet been described, is a simple hyperplasia of the tissues of the genitalia, which is in no way different from that of non-syphilitics, either clinically or microscopically.

In conclusion, he sums up all inflammations and infiltrations of the vulva of non-malignant origin in the following categories.

1. Small hyperplasiæ, caruncles and papillary growths.

2. Large hyperplasiæ and hypertrophies.

3. Hyperplasia resulting from acute and chronic chancroids.

4. The various forms of hypertrophy induced by the indurating œdema of syphilis.

5. Hyperplasia resulting from chronic ulcers, the so-called chancroids, in intermediary and old syphilis.

6. Hyperplasia in old syphilitics, presenting no specific character, and occurring soon or long after the period of gummy infiltration, in some cases being coexistent with specific lesions elsewhere.

Intubation of the Larynx has been abandoned by Thiersch, of Leipsic, who claims to have given it a fair trial, but prefers tracheotomy.

MEDICAL ITEMS.

Late Dentition.—A seventy-eight year old woman, of Mineral Bluff, Ga., is cutting an entire set of teeth.

Atropine Poisoning.—A man in Gouverneur, N. Y., died from the effects of atropine, which a druggist had put up in mistake for antipyrin.

Students to Dissect Cats.—Professor Stowell urges medical students to dissect cats, as a means of studying the arrangement of nerve cells in the spine.

To Stop the Secretion of Milk.—Dissolve one-half ounce camphor in twelve ounces of turpentine, and apply to the breasts when desiring to stop the secretion of milk.

Poisoned by Self Prescribing.—A man in Newark died January 2, after having taken a hypodermic injection of pilocarpin for morphine. The medicine was sold him by mistake of the druggist.

Co-Operative Medicine.—A bill has been introduced in the Legislature of New York incorporating the People's Co-operative Medical Association of Brooklyn, which is to furnish cheap medical attendance and medicine. Capital, $1,200.

Scarcity of Physicians in Austria.—It is stated that in consequence of the scarcity of medical men in some parts of Austria, an order has been issued by the Minister of Education that men recently qualified who have come from these localities must return to their homes to practice for a certain number of years, unless they are fortunate enough to obtain some Government post elsewhere.

The Quacks of Hot Springs.—We have received a list of 61 names of men employed by 13 Hot Springs "doctors," under license from the city clerk to drum or solicit on trains, etc., for them. The correctness of the list is undoubted, as it is subscribed and sworn to by the clerk, W. E. Shannahan, December 20, 1889.

And yet we recently heard the declaration that this sort of thing had been done away with at Hot Springs.

Cure of Chorea by Electricity.—Gautier reports a very severe case of generalized chorea in a patient æt. 13½ years. The patient could not stand erect, nor even sit up straight; neither could he use his hands to dress or feed himself; he could not talk; there was incontinence of urine. From the 16th of July to the 14th of September twenty-six applications of the electrical current were made; duration of each, eight minutes; intensity, first six, then eight, and finally twelve milliamperes; direction of current, from the sacrum to the neck. Results: The patient, who at first could not write, became able to do so with neatness and rapidity; the bodily weight increased from 32 to 40 kilo.; he is able to work, and is no longer excitable. The treatment employed before resorting to electricity consisted in the administration of bromide of potassium, sulphur baths, chloral and antipyrin.—*Le Bul. Med.—J. A. M. A.*

Prescription for Tympanites.—The following formula for tympanites is quoted in the *Deutsche Medicinische Woch.*, November 28, 1889:

℞ Naphthol,
Megnesium carbonate,
Pulverized charcoal, aa - 75 gr.
Oil of peppermint, - 10 drops.—M.

Divide into 15 powders, of which one is to be given when required.—*Med. News.*

Treatment of Influenza.—A physician addresses the following note to the editor of the *Medical News.*—Sir: As an item of interest the quickest relief from influenza which my patients obtain is through the use of pine needle cigars and cigarettes. I find they will act as a preventative, and once the disease has instituted proceeding they act like magic. Any one can make the cigarettes. I have no hesitancy in recommending their use, as nothing is used in their manufacture but the fresh pine needle and the best of tobacco. A non-smoker can inhale with no unpleasant effect.

BOSTON MEDICAL LIBRARY NOV 24 1890

"Vita Nuova" A Cocaine Preparation.—The "Vita Nuova" of Mrs. Harriet Hubbard Ayer, is said by the *Druggists' Circular* to be a preparation of cocaine, as dangerous as it is pleasant to the taste. The same journal criticises the prominent men and women who have publicly endorsed this much advertised nostrum, when probably, at the most, they have not used more than a single bottle of the stuff. In the cases where the use of it has been continued for any length of time, "a testimonial from any such person would be about as valuable as that of a morphine maniac testifying to the beneficial effects of the drug which had enslaved him."

A Case of Creolin Poisoning.—A case cited in the *Centralblatt f. Gynakologie* shows that creolin is not so absolutely harmless as it has been said to be. A laborer drank 250 cubic centimeters of creolin for the purpose of committing suicide. He became unconscious, and had violent vomiting for two days, enlargement of the liver and of the spleen, acute nephritis, cramps in the upper extremities, and anæsthesia and paræsthesia in the regions supplied by the radial nerves. There were no symptoms of corrosive action in the digestive tract. Ultimately the patient recovered. It is evident from this that creolin must be considered a poisonous substance, at least in large quantities. The symptoms produced were alarming, but the danger of a fatal result appears to be much less than in similar poisoning with carbolic acid. In all cases in which it is employed it

will be advisable to watch its excretion through the kidneys, and to do away with the creolin dressing when the urine becomes of a greenish black color or when traces of albumen appear.—*N. Y. Med. Jour.*

A New Dusting Powder.—Dr. Kiezer publishes an interesting paper on the use of salol as a dusting powder. He applied it in the followiug combination:

Salol - - - - - - -	ʒj.
Amylum powder, - - -	ʒj.

A varicose ulcer, in which all kinds of treatment had invariably been tried, was nearly completely cicatrized six weeks after the first application of salol. Six other cases of ulcerated leg were treated with the salol dusting powder; in all of them except one the success was equally marked as in the first case. Excellent services were also rendered by the dusting powder in cases of sycosis, burns, scalds, wounds, defects of the skin, etc. —*Prov. Med. Jour.—J. A. M. A.*

Catarrh Snuffs.—For scrofulous rhinitis:

℞	Sulphophenate of zinc, -	20 centigrams.
	Salicylate of bismuth, - -	4 grams.
	Iodol, - - - - - -	3 "
	Tannate of zinc, - -	2 "
	Pulverized tobacco, - -	10 "

For Chronic catarrhal rhinitis:

℞	Pulverized alum, - - -	2 grams.
	Borax, - - - - -	2 "
	Menthol, - -	20 centigrams.
	Tannate of zinc, - - -	3 grams.
	Tannate of bismuth, - -	3 "
	Lycopodium, - - -	8 "

—*Journal de Med. de Paris.—J. A. M. A.*

New Medical Journals.—With the beginning of the new year, we are given the pleasurable opportunity of welcoming to the fold, several new candidates for journalistic laurels. The *Medical Mirror* makes its appearance, reflecting not only the cheering radiance of Dr. Love's effulgent spirit, but also the thoughts of some very able writers. This is a very attractive number, and we trust that future ones will be no less so.

The *Kansas Medical Catalogue*, edited by Dr. F. F. Dickman, assisted by Drs. J. B. Carver and J. M. Poindexter, of Fort Scott, is a new addition to our exchange table.

Dr. Dickman was formerly editor of the Kansas City *Medical Index*; the first copy of the *Catalogue* shows that he has lost none of his ability as a journalist, by freedom from its duties for a few years.

We are informed that the *Polyclinic* of St. Louis has changed hands, Dr. L. A. Turnbull having purchased the interests of the former owners. It will in the future sail under the tittle of the *Courier of Medicine*.

All of these journals are issued monthly.

Death of Dr. W. S. Barker.—The profession of our city, in the death of Dr. W. S. Barker, mourns the loss of one of its most honored members. A special meeting of the Medical Society was held on January 9, and the following resolutions were unanimously adopted:

Whereas, In the dispensation of Providence Dr. Wm. S. Barker has been called to his rest,

Resolved, That in the death of Dr. Barker the medcal profession, and especially the St. Louis Medical Society, has lost one of its oldest and most worthy members, and the community one of its most useful citizens.

Resolved, That we tender the family our sincerest sentiments of condolence in this, their great bereavement.

Resolved, That a copy of these resolutions be forwarded to the family; spread upon the minutes of this society and also furnished to the daily press for publication.

G. M. B. Maughs, M.D.,
Wm. Dickinson, M D.,
Wm. W. Graves, M.D.,
Committee.

BOOK REVIEWS.

The National Medical Dictionary: Including English, French, German, Italian and Latin Terms used in Medicine and the Collateral Sciences, and a Series of Tables of Useful Data. By John S. Billings, A. M., M.D., LL.D., Edin. and Harvard, D.C.L., Oxon., Member of the National Academy of Sciences, Surgeon U.S.A., etc. With the collaboration of W. O. Atwater, M.D., Frank Baker, M.D., S. M. Burnett, M.D., W. T. Councilman, M.D., James M. Flint, M. D., J. A. Kidder, M.D., Wm. Lee, M.D., R. Larini, M.D., Washington Matthews, M.D., C. S. Minot, M. D., H. C. Yarrow, M.D. Philadelphia: Lea Brothers & Co., 1890.

A dictionary is either one of two things—a most comforting educator or a most aggravating fallacy, a trustworthy companion or an arrant fraud. So far as medical dictionaries are concerned, we must confess to having associated mostly with the latter class, which have been the means of arousing in us the most vindictive and cannibalistic feelings and thoughts with which we have ever been inspired. And we rejoice in this opportunity to revile them, to spurn them, to sell them to the second-hand book dealer.

For we are now the fortunate possessors of a work which we are confident will not repeatedly and shamefully betray our trust; brazenly pretend and claim to contain "a complete list of all the terms used in medicine, surgery and the kindred arts," when it is fully aware that it does not contain half of them.

And we are indeed grateful for the presentation by Dr. Billings and his collaborators, through the Messrs. Lea, of this truly valuable work.

It is in two volumes, quarto size, well bound in sheep, possessing 800 pages of good, solid information.

The departments embraced in it, aside from the dictionary proper, are Tables of Doses of Medicines; Poisons and Their Antidotes; Systems of Numbering Spectacle Glasses; Table Showing Expectation of Life, According to the U. S. Census of 1880; Showing the Relation of Girth of Chest to Increasing Height in Men of 18 to 45 years of age; Showing Average Dimensions of Parts and Organs of the Adult Human Body; The Weight of Organs of the Human Body, Compiled by Dr. Robert Boyd, from 2086 Post-Mortem Examinations at St. Marylebone Parochial Infirmary, London, Eng.; Showing Dimensions and Weights of Fœtus at Different Ages; Comparative Scales of Weights and Measurements; Foods and Dietaries, embracing the composition, digestibility and potential energy (fuel-value) of food materials, classes of nutrients, etc., and diets for corpulency, for people of different classes. The nutritive ingredients and refuse and amounts of potential energy in food materials are beautifully indicated in their relative proportions by colored spaces.

All the medical terms used in the English, French, German and Italian languages are given.

We must again, for ourselves and for the profession, bid this work a most cordial welcome. It fulfills the long-felt want which has been most pressing in English medical literature.

A Treatise on Materia Medica, Pharmacology and Therapeutics. By John V. Shoemaker, A.M., M. D., Professor of Materia Medica, Pharmacology, and Therapeutics in the Medico-Chirurgical College of Philadelphia, and Member of Am. Med. Ass'n, and John Aulde, M.D., Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College of Philadelphia. In two volumes. Vol. I, Octovo, 353 pages, with additional blank leaves for notes. 1889. $2.00. F. A. Davis, Philadelphia.

The first volume of this treatise is devoted to pharmacy, general pharmacology and therapeutics, and remedial agents not properly classed with drugs.

It contains many new and striking, as well as valuable features, amongst which we take pleasure in noting the method of classification of remedies, the large amount of attention given to the newer drugs, such as antipyrin, cocaine, phenacetine, etc., to remedial agents not commonly embraced in works on materia medica and therapeutics, such as hypnotism and suggestion, earth-dressing, braunscheidtismus, suspension, light, music, metallo-therapy, transfusion, mineral waters, heat and cold in their various forms, massage and masso-therapy, oxygen, electricity in its manifold aspects and applications, Turkish baths, etc.

Other attractive features are introduced; the block-typing of subjects and departments of subjects readily catches the eye of the readers,and direct him to the particular part for which he may be looking.

There is much in this work that cannot be found in any other text-book; and for this, if for no other reason, it should receive a cordial welcome from whose who cannot afford to take the host of journals that would have been required to keep track of the immense advances that have been made in these departments within the last year or two. And, though the scope of the work is thus great, conciseness has enabled the author to cover it in a surprisingly complete manner. And a satisfactory feature about it is that it is entirely up to date.

That the authors lay especial stress on this may be seen in their reference to the second volume, which is yet to come: "The result of this increased activity in all departments of medical science has developed the need for presenting the subject of therapeutics in a manner which shall fully express the most recent information in compact form, and has determined the authors to postpone the issue of the second volume until such time as will permit them to go over the entire ground again in the special department of drugs. This plan will involve no additional expense to the purchaser, while it has the additional advantage of presenting the subjects treated of in the different volumes separately, and he is thus permitted to secure at intervals books for which he may experience a special need —two important considerations."

This book will well repay the attention which may be bestowed on it by the progressive members of our profession.

Food For The Fat: A Treatise on Corpulency and a Dietary for Its Cure. By Nathaniel Edward Davies, Mem. Royal Col. of Surgeons, Eng. American Edition, Edited by Charles W. Green, M.A., M.D. J. B. Lippincott Co., Philadelphia, 1889. Price 75 cents.

This is a work which will be appreciated by the many practitioners who have long been on the lookout for reliable medical literature on corpulency and the details of its treatment, but who have been compelled to rely almost wholly on their own individual, and possibly limited, experience, to guide them in their selection of a dietary for patients who clamored for "something to make them thin." The instruction to live without sugar and eschew starchy foods, though received and put into practice in good faith by enthusiastic patients has almost always been followed by disgust and reaction leading to indulgence as unrestrained as the former diet was limited; and no good has ever been accomplished by such periodical attempts at living on restricted diet.

With the great variety in the bills of fare presented in this work for the various seasons, days and meals, the most exacting epicure and the healthiest appetite should be satisfied.

Directions are given, as well for preparing and cooking the food suitable for the corpulent.

The value of this book lies in its practical utility which is apparent at a glance.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Vol. iv, No. 2, November, 1889, Containing:

I. On the Surgery of the Knee-joint, by C. B. Keetley, F.R.C.S.

II. Aids to Ophthalmic Medicine and Surgery, by Jonathan Hutchinson, Jr.

III. Bacteriological Technology for Physicians, by Dr. C. J. Salomonsen.

The first essay, comprising two lectures delivered by Mr. Keetley, treats of a subject to which he has devoted much time and attention, and to the literature of which he has already added much. So that no assurance of the worth of this one is needed. The second lecture defines the responsibility placed on the physician and general practitioner by the modern progress of surgery.

The positions of Ophthalmic Surgeon to the Great Northern Hospital, and Clinical Assistant at the Royal London Ophthalmic Hospital, have qualified Mr. Hutchinson, Jr. to ably present some valuable thoughts on the subject of the second monograph, which occupies ninety-six pages of this issue.

By means of the terse, practical style of the author, a very considerable amount of ground in ophthalmic medicine and surgery is covered—it evidently being the intention of the author to make it of as much practical use to the general practitioner as possible. Treatment therefore receives the largest amount of attention, while theoretical considerations pertaining to pathology, etc., are left for the larger treatises on ophthalmology.

In consideration of the fact that so few expositions of bacterial technology exist in the English language, we take pleasure in welcoming a new one to the fold, especially as it has received the stamp of commendation of the translator, William Trelease, Prof. of Botany, etc., in our own Washington University, in the following words: "So many works on bacteriology are now accessible, that a new one must possess merit to justify its appearance. The scope of the present little work is such as to satisfy me that it will fill a place as yet vacant; and the careful treatment of the subject gives rise to the hope that it may find a larger field of usefulness in the English language than could be possible while it was confined to the less-used Danish."

The illustrations are ample, and well executed.

Methods of sterilization and preparation of culture media, of obtaining and growing pure cultures, of transference and inoculation of animals, of bacterial analysis of fluid, solid and gaseous substances, of staining and of microscopic examination of micro-organisms, are given in a lucid and interesting style.

This monograph should be of great service to the rapidly increasing number of workers in this field on this side of the water.

WORDS THAT BURN; OR TRUTH AND LIFE. A Compilation of the Brightest Thoughts and Choicest Selections from the World's Best Authors. Also Biographical and Critical Notes, and an Analytical Index of Subjects, by S. P. Linn, A.M., Author of "Living Thoughts of Leading Thinkers," and "Golden Gleams of Thought." With an Introduction by Prof. E. D. Morris, D.D., L.L.D., St. Louis, J. H. Chambers & Co.

This elegant work of large octavo size, handsomely bound in Russia leather, with gilt trimmings, presents a most attractive exterior; and when we investigate its contents, we are still better impressed with its value.

It is a great store-house of the apt sayings, the choice thoughts and phrases, the quotations and word-paintings, that have met with the approbation of students of English literature, compiled, classified, and indexed both as to author and subject, in such a manner as to render them immediately accessible to all. It is readily appreciated how valuable such a book of reference is capable of proving to the writer who wishes to instill variety into his pages, or make use of an occasional quotation whose exact wording he may be unable to recall.

But the present work goes even further than this in its endeavor to please, to prove instructive, and to be of service. By the arrangement, analysis and assimilation of its make up, it has endeavored to make each thought illuminate the subject under which it appears, and, at the same time, read connectedly, as though it were the production of a single author.

The engravings are abundant—even profuse—are well executed, and not only the various subjects, but the portraits of many celebrated authors are thus presented.

We commend this book to our readers with our hearty approval.

DIABETES MELLITUS AND INSIPIDUS. By Andrew H. Smith, M.D., Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Med. School, etc., Physician's Leisure Library Series. Geo. J. Davis, Detroit, Mich. Price: Paper, 25 cents pér copy, $2.50 per set of twelve; Cloth, 50 cents per copy, $5.00 per set.

This series, published by Geo. S. Davis, needs no introduction to most of our readers, who are already well aware of their pleasant arrangement and practical value. As their name implies, they are adapted to fill, both pleasantly and profitably, the odd moments of the physician's time. Carried in the pocket they are ready for use, while waiting for a delayed train, or on a slow street car journey, etc. And while they do not cover the ground as completely as extensive works on the several subjects, they afford much information that would otherwise be lost through procrastination, the busy practitioner always promising himself that "some day" he will read up in this or that work, but never finding time actually to do so.

The aim of the author seems to be to present in as clear a manner as possible all the points that will be of practical advantage, based on the latest investigations regarding the subjects.

The present volume fulfills these desiderata perfectly. The evidence of the author's large experience in the treatment of diabetes is clearly seen in its pages, and yet he has not relied wholly on this in its preparation; references are free and apt.

As a concise presentation of the present status of views on diabetes mellitus and insipidus, it is a success.

An Introduction to Practical Bacteriology. By Thos. E. Satterthwaite, M.D., Professor of Pathology and General Medicine in the New York Post-Graduate Medical School and Hospital, New York City. Geo. S. Davis, Detroit.

This little book is a concise *resume* of bacteriology, eminently practical in character, and will serve to extend an interest in this important branch of medicine. The first chapter is devoted to the subject and history of Germ Theories, and the successive advances towards our present knowledge. The rest of the book is devoted to "The Microscope," "Laboratory Appliances," "Methods of Examination, "Culture Methods," and "Methods of Investigating Special Bacteria."

The book makes no pretense to originality, nor could this be expected. It is written in an interesting and lucid style, despite the amount of matter crowded into so small a space.

Bright's Disease of the Kidney. By Alfred L. Loomis, M.D., L.L.D., Professor of Pathology and Practice of Medicine, New York University College; Visiting Physician to Bellevue Hospital; Consulting Physician to St. Luke's Mt. Sinai Hospitals, etc. Geo. S. Davis, Detroit.

This is another volume of the "Physician's Leisure Library," and likewise contains much information packed away in a very small space. For a book of its size it is most comprehensive epitome of the advances in the knowledge and treatment of Bright's disease; the name of its distinguished author guarantees the reliability of the views set forth.

The Male Urethra, Its Diseases and Reflexes. By Fessenden N. Otis, M.D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York; Consulting Surgeon to New York Skin and Cancer Hospital, to St. Elizabeth's Hospital, etc., etc. Geo. S. David, Detroit.

This is a monograph devoted chiefly to the study of gonorrhœa, special attention being paid to the reflex complications, and on the latter account alone it is well worthy of perusal, as well as because of the original views of the author. The book is a thoroughly practical one; illustrations elucidate the text where necessary.

The Modern Treatment of Diseases of the Kidney. By Prof. Dujardin-Beaumetz, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine; Editor of the Bulletin General de Therapeutique, Paris, France. Translated from the fifth French edition by E. P. Hurd, M.D., Newburyport, Mass. Geo. S. Davis, Detroit, Mich.

Prof. Dujardin-Beaumetz needs no introduction to our readers. Nor do his writings require any testimonial as to their worth. They are always abreast of the times, in faithful portrayal of thoughts on the subjects to which they relate.

The present work is a valuable contribution to the literature of renal affections, and while claiming only to be a digest of treatment of diseases of the kidney, many suggestive ideas with reference to diagnosis, urine tests, etc., are given.

Treatment in the way of diet, hygiene, drugs, etc., is fully considered in the 170 pages of the book.

Memorial Sketches of Dr. Moses Gunn. By His Wife. With Extracts from his Letters, and Eulogistic Tributes from his Colleagues and Friends. W. S. Keener, 96 Washington St., Chicago.

This semi-biography, which traces in a most charming manner the interesting events in the career of one of America's most illustrious surgeons, is before us—a worthy memorial of one who well deserved the tribute rendered by it.

The work is composed to a large extent of letters written by Dr. Gunn to his wife, in which are given in his own felicitous style, the details of trips to New York, Philadelphia and other of our own cities, and to Europe; of his acquaintance with and entertainment by the members of the profession in these various places, and the impressions produced on him by his confreres.

These letters, as the preface says, bring us nearer to the personality of the writer, especially as they were unpremeditated.

With their assistance, Mrs. Gunn gives us an insight into the different stages of his life—his boyhood at East Bloomfield, New York, his student life, academic and medical; his early practice, into which is introduced a bit of romance; his army life, which is particularly interesting, his European trip, and finally his return to practice, prolific of honor and of the more substantial of this world's rewards.

The book is a happy production and will be especially enjoyed and appreciated by those who were fortunate enough to have had a personal acquaintance with Dr. Gunn.

HYPNOTISM; ITS HISTORY AND PRESENT DEVELOPMENT. By Fredrik Bjornstrom, M.D., Head Physician of the Stockholm Hospital, Professor of Psychiatry, Late Royal Swedish Medical Councillor. Authorized Translation from the Second Swedish Edition by Baron Nils Posse, M.G., Director of the Boston School of Gymnastics. Price 30 cents. New York, Humboldt Publishing Co., 28 Lafayette Place.

Without doubt many of our readers, who have been interested in the articles appearing from time to time in the REVIEW, will be glad to learn of the issue of this comprehensive though inexpensive exposition of the history and present development of hypnotism—a method of treatment which is becoming more generally recognized and used by the profession every day. Until lately, practically all of the literature pertaining to hypnotism has been in foreign languages; this work is amongst the first to be translated, which of itself is a strong testimonial as to the degree to which it has been appreciated by those who read it in the original.

As indicated by the title, it covers the ground very completely, embracing a historical retrospect; definition of hypnotism; susceptibility to its influence with the means and methods used to accomplish it; its stages or degrees; unilateral hypnotism; physical effects of hypnotism; suggestion; hypnotism as a remedial agent; as a means of education or as a moral remedy; the medico-legal aspects and relations of hypnotism; its misuses and dangers, and a complete bibliography of the subject.

THE EVIL THAT HAS BEEN SAID OF DOCTORS. Extracts from Early Writers. Collated from "Le Mal Qu'on a Dit des Medicins," of Dr. S. J. Witkoski. Translated, with annotations, by T. C. Minor, M.D. Robert Clarke & Co., Cincinnati. Price, 50 cents.

This little book may be fairly said to be a condensation of all the abuse and satire that hasbeen heaped upon the medical profession from the time of Æsop to near the beginning of the present century. To those who take any interest in the subject, in its connection with the history of Medicine, it should prove of some value. It will well repay perusal by the casual reader, bristling as it is with bright epigrams and light satirical shafts, as well as weighted down with the lumbering attacks of coarse malice.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. iv, No. 3, December, 1889.

This is an excellent and interesting number, as will be seen from the following list of its essays:

I. A Practical Treatise on Baldness. By George Thomas Jackson, M.D., Visiting Dermatologist to the Randall's Island Hospitals and St. Bartholomew's Hospital; Chief of the Dermatological Clinic, College of Physicians and Surgeons, &c.

II. The Sphere, Rights and Obligations of Medical Experts. By James J. O'Dea, M.D., of Stapleton, Staten Island, N. Y.

III. The Pathology and Treatment of Scarlet Fever. By Dr. H. von Ziemssen, Director of the Medical Clinic, Munich.

IV. Pathology and Treatment of Ringworm. (Illustrated). By George Thin, M.D.

V. Notes on Dental Surgery, Intended for Students of Medicine and Medical Practitioners. By J. Smith, M.D., LL.D., F.R.C.S., Eng., Surgeon-Dentist to the Queen in Scotland, etc.

VI. On Sounding for Gall-Stones, and the Extrusion of Gall-Stones by Digital Manipulation. By Dr. Geo. Harley, F.R S., F.R.C.P., Corresponding Member of the Academy of Sciences of Bavaria, of the Academy of Medicine of Madrid, and of several Continental Medical Societies; formerly President of the Parisian Medical Society; Physician to the University College Hospital; and Professor in University College, London.

OXYGEN AND OTHER GASES IN MEDICINE AND SURGERY. An Essay on Medical Pneumatology. By J. N. Demarquay, Surgeon to the Municipal Hospital, Paris, and of the Council of State; Member of the Imperial Society of Surgery; Correspondent of the Academies of Belgium, Turin, Munich, etc.; Officer of the Legion of Honor; Chevalier of the Orders of Isabella-the-Catholic, and of the Conception, of Portugal, etc. Translated, with Notes, Additions and Omissions, by Samuel S. Wallian, A.M., M.D., Ex-President of the Medical Association of Northern New York, etc. Illustrated with wood engravings. Pp. 300. Price, cloth, $2.00, half Russia. $3.00. 1889. E. A. Davis, Philadelphia and London.

This is another work on a subject upon which comparatively little medical literature exists, and yet it is one which should be studied by all broad thinkers of the modern school.

Until our attention was drawn to it in this work, we hardly knew what a wide adaptability and capability for good gases had in both medicine and surgery. Aside from its use in phthisis, asthma and other kindred affections, we find it applied locally in cases of eczema and other skin diseases, varicose veins, fresh wounds, compound fractures, chronic ulcers, gangrene, both senile and spontaneous. In most of such cases, oxygen was easily brought in contact with the affected parts by means of an apparatus which is described in the text. Oxygen is also recommended for inhalation in cases of debility, anæmia, etc., in connection with tubercular and suppurative processes of various parts of the body.

The directions for the manufacture and therapeutic application of the various gases, oxygen, nitrogen, protoxide of nitrogen, hydrogen, carbonic acid, etc., are readily comprehended.

Weigert's hot-air treatment of phthisis receives attention.

THE HOME-MAKER.

The eminently practical and useful, as well as interesting magazine, The Home Maker, contains the usual fund of information and entertainment in the January number.

Besides the stories, "To the Victor, the Spoils," "Is Woman Woman's Worst Enemy?" "Polly and I," "In Wonderland," "Dead Horse Hill (relating an incident in connection with the late war), there are poems, of which the one entitled "Father Damien" will be especially interesting to our confreres. The departments, Our Young People, Home-Work for Home-Makers, Our Baby, Home Maker Art Class, Fashions, and Window and Cottage Gardening, indicate the nature of their contents.

Published by the Home-Maker Co., 19 West 22nd St.,New York.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI; Thirty-Second Annual Session. Held at Springfield, Mo., May 21, 1889.

This volume, well edited by the Permanent Secretary, Dr. J. C. Mulhall, of St. Louis, contains many valuable essays, as our readers will testify, having seen most of them in the issues of the REVIEW following the meeting.

SOCIETY PROCEEDINGS.

NEW YORK ACADEMY OF MEDICINE.—SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, December 20, 1889, A. B. Judson, M. D. chairman.

DR. J. D. BRYANT read the paper of the evening entitled

THE FUNCTIONS OF THE LIGAMENTUM TERES.

The paper was illustrated by a preparation including the femur, the os innominatum and one-half of the sacrum. The capsular ligament of the hip-joint was left entire, and the acetabulum was perforated by a trephine from the inner side of the os innominatum. A thread attached to the ligamentum teres and passing out of the opening was held in the hand of the observer, while the femur was made to describe the natural motions of the hip-joint. It was found that the ligament was reflexed in all positions excepting in outward rotation with flexion. When these positions are taken, the ligament tightens, and it is thus demonstrated that the round ligament has no mechanical function excepting when the femur is flexed, and its use when this position is assumed, is to check adduction and outward rotation. It is most relaxed in adduction. But the ligament is so frail that it is almost of no use in the mechanism of the joint. While it is always ruptured in dislocation of the hip, its presence cannot be considered as a preventive of this accident and it is so little liable to tension or injury even from extreme violence to the limb, that it can hardly be considered in the question of the etiology of hip disease. That it is the initial seat of hip disease belongs to the long list of unproven theories, assumptions that cannot be gainsaid. The principal function of the round ligament is to carry nutrient vessels to the femoral head; and yet when the epiphysis joins the diaphysis, the vessels return before reaching the head, and later they disappear entirely from the ligament.

DR. N. M. SHAFFER called attention to the fact that adduction, in which the ligament is most relaxed is the position in which the limb is found in the very early stage of hip-joint disease, when the first sign of the disease is an instinctive protection of the joint. Although motion is limited in all directions, there is the greatest limitation where the strain on this ligament is the greatest. Later, when the functions of the ligament are practically abolished by the advance of the disease, the muscles assume control independently of the ligmentum teres. As this very vascular ligament nourishes the epiphysis, he believed it should be carefully studied in its relation to disease in early youth and in its early stages.

DR. V. P. GIBNEY suggested that the adduction is seen in the very early stage because the patient when standing throws his weight on the sound limb, and instinctively puts the effected limb in the position of rest in which it is adducted and advanced. He thought Dr. Bryant's demonstration made it difficult to see how this ligament could play an important part in the history of hip disease.

Dr. JUDSON agreed with the last speaker. He thought the profession had of late years turned away from the view that hip disease begins in the articular surfaces or the synovial membrane, and had pretty generally agreed that it begins in an osteitic focus deep in the cancellous tissue. It is therefore a backward step to turn again toward the ligamentum teres as a structure early involved.

DR. PUTNAM JACOBI said that it might be interesting to note that one view is that with the termination of fœtal life the ligamentum teres ceases to have any functions. There are many such structures in the body about which learning and research may be vainly expended in the effort to discover their function because it is really outgrown. It is highly probable that this ligament can have but little to do with the mechanics of the joint. Since the investigations of Volkmann, it has been pretty well agreed that in children disease begins in the cancellous tissue; but that in adult life it sometimes occurs as a primary disease of the synovial membrane, especially under the influence of rheumatism.

It is also worthy of note that in children it is often possible to mark out very distinctly the point in the clinical history where hip disease ceases to be limited to the bone, and invades the joint. She had had an excellent illustration of this in a child who came to the

dipensary with the history of having limped for several months, but who at that time, had no pain and no malposition of the limb.

The child was seen several times during the next few weeks, but it was only after some time that the child returned complaining more of pain than of limp. Then the leg was found to be adducted and somewhat flexed, and passive adduction was excessively painful. From that time, the case followed the usual course of hip disease.

Dr. R. H. Sayre had found in the early stages of most cases of hip disease that the first movement to be markedly limited was that of internal rotation. Yet in ternal rotation as shown by Dr. Bryant's preparation, does not make traction on the ligmentum teres. Hip-joint disease may be either synovial or osteitic, although in the vast majority of cases it is primarily osteitic. In childhood, cases are occasionally found of disease of the knee and ankle particularly, which are apparently synovial from the outset; and the same occurs, though rarely, in the hip.

SELECTIONS.

THE WORLD'S FAIR.

As the time draws near for the selection of a site for the World's Fair of 1892, New York seems to be waking up to the importance of securing it. While she has not displayed the earnestness of Chicago, she has subscribed the necessary five millions, and is ready to do as much more as may be needful.

Philadelphia rests upon her laurels; having shown of what she is capable in 1876, she is willing to allow others their share of the profit,the glory,and—the trouble and expense. She is getting ready to go visiting, and waits to see who is to be her host. We may rest assured that her very best foot will be then put forward, and that her share in the display will do no discredit to herself or to the Nation.

The cities which are realy making some exertion to secure the fair are New York, Chicago, and St. Louis. If New York should be chosen, the great manufacturing interests are sure to be well represented. New England, New Jersey, and Pennsylvania contribute nearly all the manufactures of specialties; the great Western cities serving simply as centers of distribution for Eeastern products. The inventive genius so characteristic of America seems to be confined to the East, in so faras relates to the putting its results into practical shape. If the Iowan invents a suspender buckle, he comes to the East to manufacture it. In regard to these products of inventive and mechanical skill, New York is the most central and accessible city in which to locate the Fair. Her facilities to handle great crowds of strangers are also unequalled in any city in the world—unless it be Paris.

If it be considered most desirable to secure the fullest display of our agricultural resources, Chicago is the choice. Nothing could be more attractive to the farmer than the fertile prairies surrounding that city on every side. The lake breezes temper the summer heats; the limits of the city offer excellent localities for the erection of exhibition buildings, and the journey there would give foreign visitors an opportunity to see and appreciate the beauty, variety, and extent of this great country. Above all, Chicago is after the Fair with an earnestness that is a good presage of the manner in which it would be conducted.

St. Louis claims the advantage of her central location, which would enable all sections of the country an equal ease of access. The South, rapidly pushing forward to an equality with the North in material prosperity, now that her enterprise is no longer trammeled by the fetters which slavery put upon her, would be richly represented in St. Louis by many products which would be novel and interesting to the foreign visitor.This section deserves to have the Fair, in recognition of her wonderful development. St. Louis is within as easy reach of the agricultural sections as Chicago; she has plenty of means with which to provide the Fair; and those who believe her destitute of the enterprise or ability to carry it through successfully are simply ignorant concerning her. She is also the most hospitable city in America; and her people would spare no pains to render their visitors' stay a pleasant one. The combination of Southern hospitality with Nothern enterprise, which rendered Mr. Lambert so popular with all who met him, is characteristic of St. Louis business men; and as for the Mound City's physicians, they require no word of commendation from us to introduce them to the medical profession.

In each of these great cities there are numerous colleges, hospitals, and other places of interest, which will make an extended visit profitable to the physician, apart from the attraction of the Fair itself.—*Ed. Times and Register.*

[The above needs no comment; the sound judgement displayed in it and the conclusion to which it leads commends it to every fairminded reader.—Ed.]

A REMARKABLE CASE OF MATERNAL IMPRESSION.

In a recent issue of *The Lancet*, Dr. A. R. Paterson describes a case of maternal impression as follows: "I was asked to see a woman in a neighboring village who was being attended by a midwife; the latter, however, being unable to effect delivery by herself, wanted a doctor. On introducing my finger to ascertain the presentation I perceived something unusual—a long, round, and slightly tapering fleshy substance, which struck me at the time as feeling like the shape of an ordinary carrot, but of course not so hard. But to what part of the body this substance was attached was a puzzle, until I discovered what I took to be an ear and the eyes. I

then concluded it must be attached to the head. Giving a dose of ergot, and stimulating the uterus by other methods as much as possible, I soon had come into the world what I at once saw was a monster. Instantly wrapping it in the piece of flannel ready to receive it and without saying a word either to mother or nurse, I carried it into an adjoining bedroom, followed by the latter. Here I found the fleshly substance spoken of to be projecting from the floor of the skull, the roof of which was entirely absent, and so closly did this substance resemble a cow's teat—or, as the nurse called it, 'pap'—that at the same instant we both made the same exclamation, 'How like a cow's teat!' Cautioning the midwife to observe the strictest silence while I questioned the mother, we again proceeded to her room, when I quietly said to her, 'I am sorry to have to tell you, Mrs. C——, that the child is dead, although it breathed a few minutes; and perhaps it is as well, because the baby was not 'all right.' 'Ah! said she, 'I thought that such would be the case. What is wrong with it?' I replied, Tell me your story first. What caused you to think it would not be 'all right?' 'Well,' she proceded, 'I got a most awful scare when I was carying it at the fore part of my time.' Here she paused, but, leading her on by an inquiring 'Yes?' she went on again: 'One day I was in the cow house, milking the cow, sitting up on the stool beside her and milking away, when a rat or something in the roof made such a row all at once as to startle the poor animal almost out of her wits, and before I knew where I was she had tumbled me on the floor, milk and all together, and there I was, lying upon my back, still hanging on to the cow's pap like grim death, and thinking that I would be trampled to death every moment. Oh, the scare! I shall never, never forget it! for it made me downright ill and nervous for weeks after it. I could not get it out of my head, and kept dreaming about it even, and I feared all along for my child.' Having thus spoken, she made signs for me to bend down my ear toward her, when she whispered. 'Has it horns upon it, doctor?' Nothing would induce the mother or friends to give up the body of the child, nor would she allow me to touch it further, which caused me the sharpest disapointment. The 'teat' seemed to be a prolongation of the spinal cord, and to be all there was to represent the brain. Otherwise the body was well developed and perfect."—*Med. Record.*

CLINICAL NOTES ON THE USE OF CAMPHO-PHENIQUE IN THE TREATMENT OF BURNS AND LACERATED AND CONTUSED WOUNDS.[1]

It is now some five or six years since my attention was first called, by a brother practitioner, to the remarkable preparation which has since become so widely and favorably known to surgeons as "Campho-Phenique." It was then in an experimental state, and was undergoing a series of practical and scientific tests with the view of the determination of its properties—physical, physiological and therapeutic.

Being in daily contact with those who were conducting the experiments, I soon acquired an appreciation of the value of the substance as a vulnerary, local anæsthetic and antiseptic, which the experience of subsequent years, and its use in many hundreds of cases, has served only to exalt and intensify. The result achieved with its aid in many classes of surgical lesions have been uniformly satisfactory, and, in some instances, so remarkably excellent as to justify an endorsement of the remedy, which, to those who are unacquainted with it, would seem like the grossest exaggeration.

The rapidity and the freedom from inflammation and suppuration, with which ordinary incised wounds unite under its use are remarkable; but it is in badly lacerated and contused wounds and burns of all descriptions that its greatest virtues are exhibited, and it is to the results achieved in this latter class that my foregoing remarks concerning exaggeration especially apply. As a proof of the truth of the statement, I present herewith a brief clinical report of a typical case of each description treated with Campho-Phenique alone.

Case I.—Amy B., white, æt. 4 years. In reaching for a plaything on a lamp stand, the cover of the latter was pulled off and a lighted night-lamp standing thereon was overturned, a portion of its contents (coal oil) being thrown over the hands and arms of the child. The latter fell to the floor amid the debris, and in a moment, or before the parents, both of whom were in the room, could smother the flame, was superficially but badly burned from the finger tips to above the elbow of the left hand and arm, and over a space of three inches in diameter on the right shoulder. There were also a few blisters on the feet. I was called; saw the little patient in a very few minutes after the occurrence, and found her screaming and writhing in agony, notwithstrnding the application of cold cloths, etc. There being no sweet oil or vaseline in the house, the idea of mixing Campho-Phenique with a little jug of cream which stood on the table suggested itself to me, and I at once applied to the entire wounded surface a mixture of one part of Campho-Phenique and two parts of cream. Within five minutes the patient became quiet and soon fell asleep. Directing the parents to make subsequent dressings with a mixture of olive oil (two parts) and Campho-Phenique (one part) I left the home. Without going further into details, I will say, that within four days the greater portion of the burned surface was healed, and at the end of a week was entirely well. The patient never at any time, subsequent to the first dressing, complained of pain.

Case II.—M. G., white, American, æt. 32, in attempting to get off a moving street car was thrown forward, falling at full length, and striking the crown of the head against the granite curbing, making several contused and lacerated scalp wounds, two of which were

[1]From Gaillard's Medical Journal, New York, December, 1889, by Waldo Briggs, M.D., St. Louis, Mo.

upwards of an inch and a half in length each, and cut entirely through the integument, exposing the periosteum. He was carried into a neighboring drug store, where I found him a few minutes later, considerably dazed and covered with blood. After the usual preliminaries, cleansing the wounds and drying them as thoroughly as possible with absorbent cotton, I poured Campho-Phenique, pure, into and around the lesions which, altogether, covered a space as large as the palm. The momentary smarting was followed by local anæsthesia, which allowed me to take a number of stitches without causing enough pain to elicit even a grunt. I would mention here, parenthetically, that this is one of the most valuable features of the remedy, as many persons who can stand the pain of a cut or other wound very well, seem to suffer acutely from the manipulations of suturing. I would also state that it is my habit to pass the needle and suture through Campho Phenique immediately before using. Not a few local surgeons keep their needles and sutures constantly in the liquid. I have seen needles that have reposed in a vial of it for upwards of four years and yet retain their polish perfectly. The dressing was completed in the usual way, and the patient told to call at my office the second day thereafter. He did so, and, to my surprise, although I had had considerable experience with the dressing, I found not a trace of suppuration and but little show of inflammation. The scalp was freed from dried blood and desiccated exudations, and an application of Campho-Phenique and vaseline, in equal parts, made to the injured surface, the dressing being completed by covering the part with a bit of lint smeared with vaseline and held in place by the large silk handkerchief tied over the head. On the fourth day the sutures were removed, every portion of the wounds being united by first intention. I saw the patient but once afterwards, just one week from the date of the injury, and then found the wounds entirely healed. Not a drop of pus had formed, and the patient assurred me that "except for the nuisance of having to keep something on his head all the time, he would scarcely have known that he had a hurt there."

Campho-Phenique consists of phenic acid and refined camphor in nearly equal parts (505 parts of the former to 495 parts of the latter in 1,000) chemically combined, and differs essentially from the solution formed by mixing carbolic acid and camphor, and which is sometimes substituted therefor. This substitution, when attempted, is quickly discovered by the patient, if not by the surgeon, by the production of sensations which, to say the least, are the very reverse of anæsthetic.

THE DIFFICULTIES OF THE MEDICAL PROFESSION.

"An Old Doctor" deplores the visible decadence of the profession in a long letter of lamentation in *The Lancet.* Among other things he says: "In these advertising days, in medicine, as in everything else, people who know little or nothing of the subject, who presume ignorantly to address the public in the daily and weekly press, attract more notice than those who have devoted their lives to their particular work. It is a misfortune that in this country(*i.e.*,England)a very large amount of medical practice (and that the most easy and profitable) is lost to the profession by the fact that almost all chemists prescribe largely. This is a great and crying evil. The practice is, instead of diminishing, largely increasing. This should be stopped. The chemist nearly always prescribes, but generally says, to cover himself, 'if worse take patient to a medical man.' And so the medical man reaps all the hard work (often without being paid) and the chemist most of the profits. Then, again, hospitals, both special and general, take away largely from the proper, legal and rightful profits of the profession. The public have a notion that they get advice and medicine of the highest character at the hospitals for nothing, but if the pay for it to the general practitioner they get a second-rate article. This is a bad system. Why not set up local dispensaries for free legal advice, free places to get married in, free clothing establishments, free meat-stores, etc , all paid for by subscriptions or rates? The fact is, the medical profession is gradually and surely committing suicide, and its career on the downward path should be promptly arrested. If we were true to ourselves (which we are not and never have been) the present increase in the profession would be insufficient to supply the needs of the public. But, if we go on working on the 'sweating system'(for who sweats more, mentally and physically than the hard-worked medical practitioner, night and day doing his best to preserve the health and life of the people? often, indeed, without reward), then we shall be fools indeed. This idea, that medical services can be had for nothing, and so ought to be paid for at that price, is spreading. We make everything plain, and it is valued accordingly. The more a profession is lowered in the eyes of the public the less respect it receives."—*Med. Rec.*

CHRONIC PERITONITIS, WITH SPECIAL REFERENCE TO THE DIFFERENTIAL DIAGNOSIS OF SOME OF ITS VARIETIES.

BY A. JACOBI, M.D.

Read before the New York Academy of Medicine.

Having enumerated a number of the causes of peritonitis, Dr. Jacobi said that herhaps the most frequent was a preceding attack. In autopsies upon cases of perityphlitis, he did not remember one without adhesions and other evidences of previous inflammation, and foreign bodies in the vermiform process were, in his opinion, seldom, if ever, a cause of the disease. Both enteritis and ulceration, acute or chronic, were also the causation in some cases, the inflammation extending

by continuity; thus it was that a simple diarrhœa might become an enteritis and terminate in peritonitis.

Old local peritoneal adhesions over a cicatrized ulcer of the stomach or intestines, were soft and prone to rupture, and this was probably a frequent cause of acute peritonitis in persons apparently perfectly well. In diagnosis, chronic peritonitis was frequently overlooked, the intestines becoming glued together, or floating kidneys being fixed by adhesions without recognizable symptoms or signs. In chronic peritonitis, respiration was not necessarily accelerated, particularly if the inflammation was in the pelvis.

Vomiting was occasionally present, but perhaps not as frequently as in other conditions, and was often entirely absent even in acute peritonitis. Either constipation or diarrhœa might be present. A horizontal position might be painful, but this was also not infrequently the case in ordinary colic from accumulated gas, though in the former condition the patient was more likely to remain quiet than in the latter. Tumidity might be observed, but was often difficult to distinguish from the fat, which is so common in this situation, or from hysterical tympany, or distension from habitual constipation. The superficial abnormal veins were more frequently dilated in chronic peritonitis than in any other condition excepting certain hepatic diseases. Inspection might also show swellings, corresponding to intestinal convolutions, and palpation might reveal hard or soft exudation in the form of nodules or cakes, which consisted of organized lymph, thickened omentum, or a mass of intestines glued together. Fluctuation would indicate the presence of fluid more certainly than percussion dullness, which might be rendered uncertain by the presence of adhesions, retaining the distended gut between the abdominal walls and an accumulation of fluid. A chronic peritonitis may be sometimes discovered by placing the patient on his back, and having him alternately flex and extend his thighs; while doing this, pressure of varying depths is made by the physician, who may in a like manner discover a painful area. In many cases, however, a better method is to make deep pressure with the fingers or palm, and on suddenly removing them a painful spot may be detected; the pain being caused by a sudden change in the position of the bowels. Every changed position of the intestines or other abdominal organs may cause pain; hence, in adhesions to the stomach, pain may be felt after a full meal; pain several hours later may indicate adhesions to the colon; pain on coughing, or quickened inspiration, a peri-cystitis. Pain, of varying degree and duration, was, in Dr. Jacobi's opinion, a very frequent symptom in chronic peritonitis. The seat of the pain would vary with the location and extent of the lesions. Extensive pelvic peritonitis might give rise to pain only during defecation, sexual intercouse, or micturition. The pain of pericystitis resembled that of vesical catarrh in coming on when the bladder was about one half emptied, but differed in being more localized above the pubes, and more readily detected by pressure. In some cases the pain of chronic peritonitis could not be distinguished from that of flatulent colic; indeed, peritonitis by interfering with peristalsis may cause not only flatulence but twisting of the gut and stenosis.

The remainder of Jacobi's paper was devoted to the subject of tabes mesenterica. That there were several distinct varieties of this disease he thought was proven by the histories and symptoms of different cases. Besides the simple infiltrations of the mesenteric glands causing tabes menesterica, chronic tubercular peritonitis would produce the same symptoms. Recognition of the latter condition was usually difficult, but in some cases it could be determined with certainty. Of course, in such the prognosis would be fatal; in others uncertain.

Dr. Francis Delafield spoke of the frequency with which chronic peritonitis arose for diagnosis, how many mistakes were made concerning it, and of its great importance. He divided the cases into three classes; those in which there were simple adhesions of connective tissue, those in which there were both adhesions and serous or purulent fluid, but without adhesions. The first condition was often not detected until the autopsy. When in addition an enlarged liver existed, it was frequently confounded with tubercular peritonitis. Other conditions, from which it was difficult to distinguish this class, were irritable colon and dilated pylorus. The second closely simulated carcinoma and tubercular disease of the peritoneum. The third class was difficult to diagnosticate, not only from the latter conditions but also from cirrhosis of the liver.

Dr. William H. Thompson spoke of the remarkable low percentage of urea in the urine of patients with cancerous disease, as a point that might sometimes be of diagnostic value.

Dr. L. Weber said that he had never seen a case of chronic peritonitis that was not infectious in character. He did not look upon the cases mentioned by Dr. Jacobi as really cases of chronic, but of acute peritonitis and its results. Tabes mesenterica, he believed, was always a tubercular disease.—*Cin. Med. News.*

Treatment of Iodism.—The origin and treatment of iodism is the subject of an essay by Roehmann and Malachowski, who regard the manifestations of intense irritation of the mucous membrane, which so frequently follow the administration of small as well as large doses of iodine, due to free iodine in the system. It is necessary for this development that nitrites should circulate in the organism and that the reaction of the respective mucous menbrane should not be alkaline. Hence, the authors attempt, by administering 150 to 180 grs. bicarbonate of soda in two doses daily, to render the mucous membrane alkaline. By this treatment, pursued since 1887, they have succeeded not only in ameliorating the most intense iodic irritations, but in removing the milder ones entirely.—*Therap. Monatsh.*, 1889.

ORIGINAL ARTICLES.

THE DIAGNOSIS AND TREATMENT OF PELVIC CELLULITIS.

BY J. E. GILCREEST, M.D., OF GAINESVILLE, TEXAS.

Read before the North Texas Medical Association at Gainesville Texas, December 11, 1889.

The diagnosis requires a knowledge of the pelvic organs and tissue, a careful study of the physical signs, together with the clinical history, and the circumstances under which the attack occurred. The diseases from which it must be differentiated are pelvic peritonitis, pelvic hæmatocele, uterine fibroids, and early pregnancy.

It is difficult, and sometimes impossible, to separate pelvic cellulitis from pelvic peritonitis, as the pelvic peritoneum always becomes involved in severe pelvic cellulitis. It is hardly possible to have the so-called idiopathic form of either disease; but some of the principal signs of cellulitis are, in the first stage, on vaginal examination, unusual heat and an elastic or doughy feeling. This swelling may be in any part of the tissue around the uterus, but is most frequently met with in the lateral vaginal vault. In front the resistance usually lies higher than at the sides, and in order to find it we should feel carefully high up, with the bladder empty. But we seldom have cullular inflammation anterior to the uterus, except from traumatism. If the swelling and tenderness are in the fossa of Douglas it is not likely to be parametritic. In making examinations it is best to use two fingers, as more positive information can be obtained in that way. A few hours after the first condition mentioned, we usually find a lateral tumor which is quite sensitive to the touch. The uterus is more or less fixed, and sometimes as if imbedded in plaster. Frequently there is irritability of the bladder with a constant desire to urinate and pain in defecating.

In pelvic peritonitis, we have the ordinary symptoms of peritoneal inflammation, excessive pain and tenderness, a hardening of the whole pelvic roof, without any distinct tumor. Pelvic hæmatocele can be differentiated by its rapid appearance, usually attended with cold extremities and other signs of hæmorrhage. The tumor formed at first, is soft, but soon becomes hard; while the tumor of cellulitis is hard as soon as formed.

Uterine fibroids are of slow growth, rarely attended with pain or other constitutional disturbances. The uterus is always movable unless impacted in the pelvis from the size and shape of the tumor. The fibroid is usually intimately connected with the uterus, and no furrow between them, as we have in cellular inflammation.

Early pregnancy can be excluded by the history of the case, the ordinary signs of gestation and enlargement of the whole uterus.

We will consider the treatment under two heads: Prophylactic and Curative.

The first is the more important, and if well carried out in all obstetrical and gynæcological practice, cellulitis, as well as all other diseases peculiar to the puerperal state, would be almost unknown. But unfortunately, we cannot always have it carried out. Strict aseptic precautions on the part of the physician, patient and nurse should be observed. Cleanliness should characterize the attendant, both as to clothing and person. The hands should be cleansed with soap and hot water and bathed in a 1-3000 bichloride solution before making an examination. The vagina should be syringed with the same solution before delivery, the external genitalia bathed with it and a piece of antiseptic gauze or clean cloth, wrung out by the solution, should be kept over them during labor.

Examination should be made only when neccessary to ascertain the progress of labor. After the completion of labor, the genitals should be thoroughly cleansed and a close examination made, and any lacerations repaired to prevent the absorption of poison or entrance of germs. As cellulitis is a septic disease, all antiseptic precautions are necessary to prevent its occurrence. This is well shown by the records of the New York Maternity Hospital. Before antiseptics were used there was one case of sepsis in about every sixteen. After the adoption of antiseptics, the percentage was reduced to one in five hundred.

When we are called to treat a case of cellulitis in the first stage, we should consider well the gravity of the disease, the long and tedious course it is liable to run. We should try to have a good nurse secured, if one is not in attendance. We should be sure that the nurse understands carrying out every detail in the treatment. The first indication is to relieve pain, which may be done by opiates in some form. If the symptoms are urgent, hypodermics may be used. But above all things we should give opiates with the greatest caution, as their use may be required for weeks, and the opium habit is to be feared. By the rectum is the safest way to administer this drug; next by the mouth. We should see that the bowels are open, and if necessary, three or four 2 grain doses of calomel should be given, and followed by an enema or saline laxative if the bowels do not act in due time. If the temperature runs high, give antifebrin or antipyrin as necessary to control fever. Quinine should be given freely, when there are remissions in the fever, to the amount of thirty or forty grains in twenty-four hours. If there are no remissions, give it in small doses alternating, or combined with the antifebrin.

The local treatment is of the utmost importance. We should use hot vaginal douches three to six times in twenty-four hours. A good way to use it, in the absence of regular douche or drainage pans, is to have the patient lie on the edge of the bed with hips a little higher than the shoulders, the bed protected by a gum or oil cloth, and arranged so that water will return into a tub

at the bedside. This can be done so that the patient will be comfortable while receiving the douche. Three gallons of water should be used at a time, and at a temperature of 110° to 120°. It should be used with a bulb syringe. The fountain syringe does not have sufficient force. We should always use hard rubber or wood nozzles because the metal ones get too hot, and we should see that they are introduced well up to the cul de-sac. We may, by the diligent use of these douches and hot fomentations externally, together with the necessary internal treatment, cut the disease short in many cases, and greatly mitigate its severity in all cases. But we should be sure the nurse understands *how* to use the syringe and does it, which is the hardest task the physician has very often in this country, where we have no trained nurses. After the acute symptoms have passed, and we still have the hard exudation, good will be done by painting the cervix and vaginal mucous membrane around it with tincture of iodine, and using tampons of cotton or wool saturated with this:

℞	Iodoform,	ʒj.
	Chloral,	ʒj.
	Glycerine,	℥j.

Or it may be used dry with an astringent powder. The tampons should be placed around and under the cervix every one or two days, let them remain 24 hours, then remove, and use the hot douche. Some French physicians claim good results from the application of Paquelin's cautery every few days to the cervix. A succession of small blisters applied externally over the exudation often do good. When the inflammatory action has subsided, and we have the hard exudation with but little tenderness, galvanism is doubtless among the best agents to hasten its absorption. This should be used with a large abdominal electrode to the positive pole externally, while a metal electrode well covered with wet cotton is applied to the vaginal surface of the tumor. It is sometimes advisable to puncture the indurated tissue around the uterus with three or four needles, all attached to the negative pole. These applications can be made at intervals of from two to five days, using a current of from 15 to 100 milliamperes, from five to ten minutes each time, always using mild currents at first.

The patients should have tonics and such other medicine as are indicated in each case. If all our efforts to promote absorption fail, and pus forms, try to evacuate it as soon as possible. If we feel a suspicious place in the vagina we should try for pus with an aspirator needle, and if found, open with a bistoury while the needle is in as a guide, then insert and retain two drainage tubes in it, and wash out thoroughly every day with on antiseptic solution till the cavity is filled. If it points externally, which will be shown by the red skin and swelling, then pass the needle in the direction of the tumor from without, and if pus is found, there should be a large opening made to give free vent to the pus, and the cavity washed out as before, and kept covered with antiseptic gauze and rubber tissue over it. If there is pus left in the Fallopian tubes, which occasionally happens, nothing will cure the patient but a laparotomy and removal of the diseased structures.

A NEW METHOD OF SKIN-GRAFTING.

BY T. C. WITHERSPOON, M.D., ST. LOUIS.

The greatest difficulty one encounters in grafting skin upon a granulating pus-forming surface, is the almost impossible task of preventing the masceration of the bit of transferred integument, in all of the methods spoken of in the text books on surgery. The scales, the shavings and the larger pieces, all I have tried and in none have I been sure of finding them adherent, after planting them in the prescribed way, upon removing the dressing a few days later. On close observation it appears to me that masceration does the harm through pus forming under the pieces. It is almost an impossibility to get the surfaces so smooth that complete apposition is attained between the opposed surfaces, and it is here that the forming pus accumulates and raises the graft from its bed and at the same time cuts off the supply of nourishment to the graft from the denuded or previously ulcerated surface.

It occurred to me that all of this might be, under most circumstances, prevented by means of a little aseptic blood-clot interposed between the granulating surface and the transferred skin. First, because it is an organic substance, the clot, upon a surgically clean surface, fitting into all irregularities, and affording protection from the air, etc., and preventing the formation of pus until it becomes absorbed and the surface is again exposed to external irritation. Next, the graft being upon this clot, would, as the clot becomes absorbed, be drawn down into every irregularity and conform perfectly to the opposite surface, and prevent thereby any pus formation between.

Lastly, and this is especially important, the clot itself being a living organic and organizable material, affords life to the graft until it reaches the surface beneath. Working with these principles in view grafting becomes an easy and a pretty reliable operation.

After thoroughly cleaning the surface with $^1/_{1000}$ bichloride solution, and shaving off a few granulations to allow a clot to form, plant your graft, which may be of any size smaller than the clot itself, upon it. Cover the graft with some protective, like gutta percha tissue, and dress with gauze and cotton for two days. At the end of that time you will find the graft adherent. Dress in the same manner again, and in two more days a distinct growth of the graft can be seen. After this use any surgical dressing you like. If the surface is a healthy one, a clot obtained from some other part, by allowing the blood to flow upon it after a course of $^1/_{1000}$ bichloride solution, will admit of success in every instance. Where the granulations are weak and un-

healthy, it is best to remove them with the curette until a smooth bleeding surface is reached. In case of a callous, indolent ulcer, a considerable quantity of tissue may have to be gotten rid of before a tissue vital enough to bleed is reached. Here after the graft is planted a little 2½% carbolized vaseline spread on gauze will ease the pain which is almost always felt afterward. Care should be taken to prevent sloughing of the graft after it has taken, as there is frequently a great tendency to sloughing in the part. Elevation, as far as possible, and rest, will, as a rule, conduce to favorable progress, and the graft not only grows itself but seems to stimulate the edges to more energetic attempts at repair.

City Hospital.

REPORT ON PROGRESS.

DERMATOLOGY.

BY JOSEPH GRINDON, M.D.

Syphilis by Tattooing.

F. R. Barker, in the *Brit. Med. Jour.* for May 4, gives a most interesting account of an outbreak of syphilis among young soldiers who had been tattooed by a fellow soldier who had the disease and was in the habit of putting the needles in his mouth and afterward rubbing the surface worked over with his saliva. Several observations of value were made. Thus, in three cases tattooed on the same day, the first incubation periods were of 29, 47 and 59 days. This period varied from 13 to 87 days. Its duration seemed to hold no relation to the severity of the secondary symptoms, nor to the special type of the primary sore, nor were the secondaries proportional in their severity to the number of points of inoculation. Of 23 cases known to have been tattooed by the same man, twelve contracted the disease, never having had it previously—two more men were said to have taken syphilis, but as they deserted, all trace of them was lost. Four did not become infected, having already had the disease, and five previously healthy escaped infection. These five denied that the artist had put his needles in his mouth or used his saliva in any way.

Treatment of Pruritus.

Norman Porritt, in the *Brit. Med. Jour.*, recommends the employment of a cone of cacao butter, impregnated with 2% of cocaine, in the treatment of pruritus and irritable skin. This is rubbed over the part affected. The warmth of the skin melts off a layer of cacao butter which forms a soothing emollient shield over the irritable patch. The remedy has been put up in the form of cones, inclosed in boxwood cases, with screw tops, something after the manner of menthol cones. In irritable affections of the skin, in insect bites, in pruritus, and various other forms of hyperæsthesia, the remedy is worthy of a trial.—*Jour. of Cut. and Gen.-Urin. Diseases.*

A New Treatment for Acne.

Mr. Startin, of the London Skin Hospital, uses a steam vaporizer similar to the once fashionable machine for spraying carbolic acid solutions during surgical operations, but smaller. Various drugs can be sprayed in this way, the instrument being held about 18 inches from the patient's face. It may be compared to a localized Turkish bath and is said to be quite pleasant.

Pustular Affections of Hairy Regions.

Lassar says he finds the following very useful:

℞ Hydrarg. sulphureti rubri., - grs. v.
Sulphuri sublimati, - - - ʒii.
Adipis, - - - - - - ʒvi.
Olei bergamot., - - - - gtt. v.

Misce, fiat unguentum.—*Jour. of Cut. and Gen.-Urin. Diseases.*

Tertiary Syphilis.

M. Fournier says that while one is apt to think of tertiary manifestations as tardy, statistics show that they tend to precocity. Excluding hospital cases and basing his calculations on 2,600 cases of tertiary occurring in his private practice, he says that in half of them tertiaries showed themselves within the first five years, the third year yielding the maximum.—*Bul. Med.*

Antharobin.

Rosenthal's experience (*Deut. Med. Woch.*, August 22, 1889) with external use of antharobin in certain diseases has been negative. It was applied in alcohol (antharobinspiritus) 20% strength. In several cases of psoriasis, tinea versicolor, and ring-worm of the scalp the action was, at the best, exceedingly slow and unsatisfactory. It stains the skin as well as the linen, and in curative power (psoriasis especially referred to) is not comparable to chrysarobin or pyrogallic acid.—*American Journal of Medical Sciences.*

Local Antisepsis in Syphilis.

M. Hallopeau stated before the recent Paris Congress of Therapeutics, reported in the *Bulletin Medical*, that every syphilitic manifestation should be considered as a new center for the distribution of the virus, as a source of reinfection and that local measures would be found a powerful constitutional treatment.

Where deep and energetic action is required we should have recourse to the mercurial caustics such as the acid nitrate of mercury and powdered sublimate.

The first mentioned of these is peculiarly efficacious

in lesions of mucous surfaces. It is used less often than might be desired on account of the pain which it occasions. The use of cocaine, however, removes this objection. With this beneficent agent in our hands, we should abandon the use of the efficacious silver stick and regularly substitute the acid nitrate of mercury in its stead.

The use of powdered sublimate should be guarded as it may give rise to a dermatitis.

Permanent applications of sublimate solution are most serviceable. Cotton bathing or lint should be soaked with a 1 in 3,000 or 1 in 5,000 solution and applied to the part, covering the dressing with mackintosh. This constitutes a sort of permanent local bath. It will give excellent results in all syphilitic ulcerations. It is painless, easily applied, and is one of the surest means of rapidly improving the local condition and changing the specific ulceration in the healthy granulation tissue.

Sublimate baths find their applicability in diffuse macular and papular outbreaks, of which they hasten the disappearance and at the same time contribute to the extinction of numerous foci of infection.

Mercurial ointments, on the other hand, are best adopted to local lesions, and may be rubbed in when the surface is unbroken.

M. Hallopeau entertains the highest opinion of the efficacy of iodoform locally in ulcerative syphilides, placing it in the same rank as mercury. It is counter-indicated only when the surface to be treated is so extensive as to permit poisoning by absorption. He thinks it should be used as often in hard as in soft sores.

To Remove Powder Stains.

1st. Wash the skin with the following:

℞ Ammonii biniod.,
Aquæ destill., - - āā part. æqu.

This causes the spots gradually to change to red.

2nd. Remove the red stains by applying dilute hydrochloric acid.—*l'Union Medicale.*

Change in Color of Hair From Use of Pilocarpine.

Dr. D. W. Prentiss, of Washington, reports in the *Jour. Am. Med. Association*, for December 21, 1889, the case of a lady, æt. 25 years, whose hair changed from "a light blonde" to "almost a pure black" within six months, during which time she was given 22 hypodermics of pilocarpine, at first a sixth and later a third of a grain at a dose. After disuse of the drug the hair began very gradually to lighten in color so that it is now (after eight years) a dark brown.

He also reports a case in which white hair turned black in patches while the fl. ext. of jaborandi was being taken internally.

The writer also quotes G. Schmitz, O. Simon and Pick, who observed a return of hair in alopecia areata under the use of hypodermics of pilocarpine.

TRANSLATIONS.

DENGUE FEVER, AS OBSERVED DURING THE SMYRNA EPIDEMIC IN THE SUMMER OF 1889.

BY M. N. CHRISTOYANAKIS, PARIS.

Translated by E. Mueller, M.D., St. Louis.

Dengue, which occurs endemically in India, America, Persia and Egypt, was imported into Smyrna this summer, for the first time, probably, by a Jewish family, which had come from Beyrut. This supposition is the more likely as it was in the Jewish quarter that the epidemic made its appearance.

During my sojourn at Smyrna, which extended over a considerable period of time, I observed this epidemic at all stages, and personally attended a large number of patients; besides I collected the clinical histories of physicians practicing in the city, and especially those of my father, Dr. Christoyanakis. The latter, in his capacity as city physician, had a better opportunity than any one else of keeping track of the disease, considering that, although it affected all classes of society, it was propagated principally amongst the poorer classes, who were taken charge of by the city. M. Christoyanakis has thus taken charge of more than 400 patients.

Dengue fever is receiving considerable attention at present on account of the probable propagation of the disease to Russia, and also because the ideas regarding the nature of this affection are not yet well settled. So I have thought that it would be of some benefit to give an account of what I have seen at Smyrna.

In this epidemic dengue has been remarkable for its intense contagiousness, and for the various peculiar forms it assumed during its progress.

Dengue may be defined as a disease, characterized by a febrile condition, followed, in the course of several days, by an eruption, and accompanied by acute pains in the joints, and pain in the lumbar region. The disease spares no age; children under 3 years of age, however, are rarely affected; there is no difference in susceptibility between the two sexes, and in persons of different races.

Dengue sometimes begins with a prodromal stage of short duration, characterized by general malaise, weakness and anorexia, but generally the commencement is sudden. The first symptom is the fever; there is a rapid increase of temperature; within a few hours the thermometer rises to 39 or 40°, and even 41.6°. The patients experience either a single chill or repeated shivering, which is always severe. They complain of a very acute frontal headache, very intense lumbar pains, equally severe pains in all the articulations, and especially in the knee joint, but there is neither tumefaction, redness nor heat. Movement does not cause any increase in the pains. At times these are so intense

that the patient will be forced to cry out, and there are few, indeed, who will bear the pain without moaning.

Besides, there are general muscular pains, a flushed face, red cheeks, injected conjunctiva, pain in the eyeballs; the eyelids are raised with difficulty. The pulse and respiration are frequent (100 to 120 pulsations and 28 to 30 respirations per minute in the adult). The tongue is dry, and coated in the center with a whitish or yellowish, or sometimes even brownish, fur; the edges and tips are red. The breath has a peculiarly disagreeable odor, which is altogether *sui generis* and very marked. This phenomenon is always present, as are also derangements of the digestive functions. The patients have a dislike for all kinds of food, solid or liquid; everything tastes bitter to them. There is great thirst, and frequently repeated vomiting of mucus and bile. Constipation is the rule, but sometimes there is diarrhœa. The urine is abundant and dark-colored, but no albumen is found. Insomnia is a constant symptom; it is accompanied by restlessness, but never by real delirium. There is, besides, a persistent state of anxiety, of weakness, sometimes even of faintness. At last, in the course of a few days, an eruption makes its appearance.

This eruption, which sometimes, but rarely, is wanting, is not very uniform in its manifestions. In rare cases it resembles the rash of scarlatina, in others that of measles. It shows itself usually on the third day, but sometimes on the second, and even on the first day. Its advent is not accompanied by a crisis, and the fever remains as high as before. In some rare cases the eruption appears on the fifth or sixth day only, and is then coincident with the beginning of convalescence.

The rash is first seen on the face, neck and upper part of the thorax, afterward on the extremities. It causes itching, and is followed by desquamation; often it is limited in extent and transitory, and is visible only in one or two localities; sometimes it is altogether wanting. This I have been able to prove in several patients whom I observed very closely, and especially in two members of my family. I should add that in some cases epistaxis occurred.

I have mentioned that, as a rule, the urine does not contain any albumen. In some cases a little œdema of the lower extremities was observed; in one case there was anasarca.

Relapses are not infrequent. I have seen patients who had two or three distinct attacks of the fever, one after another, characterized by the reappearance of all the symptoms.

Of complications may be mentioned, chiefly, acute bronchitis and pharyngitis; pneumonia and pleurisy also occurred in several cases. I have observed one case of keratitis, which got well without any difficulties; cases of conjunctivitis are quite frequent.

Epistaxis has been mentioned above. Profuse menorrhagia may also be seen; in some cases, on the contrary, the menses were suppressed. Lastly, there was one case of hæmorrhage from the bowels, resulting fatally. In children convulsions are frequent.

The duration of dengue fever, in mild cases, is from 3 to 5 days; the fever remains continuously high with some slight and transient remissions; defervescence is rapid. The more serious cases last from 10 to 15 days.

Convalescence is tedious and painful; the patients are anæmic, low spirited and dyspeptic. The anorexia, as well as the bitter taste in the mouth, persist for quite a long while in those cases which have been at all severe. This debility seems to exert some influence upon previously existing constitutional taints or dispositions. So dengue has been known to light up a tuberculosis in subjects predisposed to it, or in whom the disease was latent.

As regards diagnosis, dengue might be confounded, in the beginning, with variola, on account of the lumbar pains; with scarlatina, on account of the pharyngitis, and the sudden rise of temperature; with miliary fever (sweating sickness), because of the fever and the eruption; with acute articular rheumatism, because of the pains in the joints and muscles. However, after the development of the above enumerated symptoms, all these affections can soon be eliminated.

The prognosis is favorable. In fact, during the Smyrna epidemic, when more than 100,000 people were stricken, only two deaths occurred, one being caused by a profuse intestinal hæmorrhage, the other by convulsions, in a child, æt. 2½ years. In arriving at a conclusion in regard to prognosis, the possibility that the disease may call into activity a latent diathesis, and particularly the tubercular diathesis, must be taken into account.

The treatment was principally symptomatic, consisting in the severe cases chiefly in efforts to relieve very urgent symptoms. For instance disturbances of the digestive functions were treated by mild purgatives and liquid food, such as bouillon and milk, etc. A considerable elevation of temperature would necessarily invite attention; some physicians administered sulphate of quinine, others, paying attention principally to the pains, give antipyrine.

In most cases sulphate of quinine did not materially affect the temperature. Antipyrin was usually effective in controlling the articular pains. The digestive functions are difficult to keep in order by the administration of medicines, especially when there exists much tendency to nausea and vomiting, and under these circumstances the patients will accept anything but acidulated and iced drinks. Tonics and reconstructives are indicated during convalescence, in order to overcome the exhaustion, which is always present in the more severe cases.

These are the data, deduced from a close observation of this Smyrna epidemic, and I offer them as a contribution to the records already available for a complete study of this strange disease, which is so much spoken of at present.—*Bulletin Medical*, Dec. 8, 1889.

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

Communications relating to the literary part of this journal should be addressed to the editor, at 1006 Olive Street.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, JANUARY 25, 1890.

THE PHYSIOLOGY OF DREAMS.

The explanations which have been given for the cause of dreams have been many and varied,and almost equally unsatisfactory. Dr. Francis L. Cane, in the *Lancet*, offers an explanation which is more explanatory thau any theory that has hitherto been put forward, and as such it is deserving of somewhat extended mention; the subject of the physiology of dreams being one of great importance, from its close relation to the pathological conditions of delirium and brain disease.

In order to form a more correct idea of what dreams are, we must remember that the human body is a complicated machine made up of numerous secondary machines in themselves composed of a most intricate molecular machinery. This organism is unified and controlled by the sensory and motor nerve filaments which communicate in leashes with the intelligism in the great central nervous "exchange" of the brain. It is ever changing from minute to minute in its molecular constitution, and these changes result in countless chemical reactions and physical transformations of energy. It is most delicately responsive to all its surroundings, and is presided over by the intelligism which has never been seen or analyzed. This intelligism has impressed on itself what may be called a sensographic record of all that it has learned from the moment when the deep sleep of its embryonic existence was first broken by its birth into the world of matter of sense. This sensographic record is the only criterion by which the intelligism can judge of objects which are presented to it in the condition of sleep, because in that condition it is deprived of the physiological instruments for measuring size, form, intensity, distance, direction, position, and many-sided aspects. Sleep is a state of repairing time, in which the nervous system does not so easily convey messages either to or from the intellectual presiding principle, but requires a stronger external stimulus or greater mental effort to properly communicate along the full length of the nerve. He then proceeds to show that all the phenomena of dreams are fully accounted for by the auto-sensations physiologically developed within the body, and which are sometimes increased by pathological or semi-pathological conditions, and modified by external impressions or stimuli.

Briefly considering what takes place in the human body while asleep, we find that there are actual and innumerable sounds, sights, and feelings which are partially conveyed to the intelligism, while that intelligism is deprived of its full means to test their nature. We have twitchings or spasms of muscular fibers, of muscles, and of groups of muscles. We have extensions and contractions of limbs, with the sensations of impediment likely to accrue from tight or overmuch bedclothing. We have painful conditions of muscles, nerves, and blood-vessels from awkward positions of the sleeper. We have the movements of the breathing apparatus; heart movements and sensations of breathing arteries and distended veins; conditions of the sexual apparatus and states of different organs, such as distended bladder, overloaded stomach, and feeling of flatus in the bowels; sensation caused by entozoa. Sounds innumerable are developed by the heart and arteries and veins; by the mouth and nose, as in snoring, grinding of teeth, and working of saliva; by the whole breathing system; by the muscular susurrus all over the body; by the creaking of joints and clicking of tendons and ligaments; by flatus in the stomach and intestines, and many mechanical noises in the ears themselves. There are, besides, a host of molecular sounds which must be present, although usually not perceived. In the eye we have those extra-retinal entoptic phenomena due to opaque particles in the transparent media which, in our waking moments, frequently appear projected into space as drops, striæ, lines, twisted bodies, forms of grotesque shape, and black dancing spots, often mistaken by the ignorant or inexperienced for natural objects, such as flies, worms, or birds. As an intra-retinal appearance may be mentioned the way in which we can see the branches of vessels in our own retinæ under the form of "Purkinje's Spectre." Tastes and smells may also be originated and perceived during sleep. The external influences which are well known to affect the sleeper are noises, voices, touches, lights, and changes of temperature. We have here matters of common experience which Mosso has scientifically confirmed with the plethysograph. To these may be added the electrical, barometrical, and hygrometric states of the atmosphere, which all contribute to cause moods, sensations, and feelings. Moreover, there are numerous pathological conditions, such as hyperæsthesia or dysæsthesia of one or more nerves, sets of nerves, or branches. In the optic nerve these conditions cause photopsia or flashes of light, flames, sparks and stars. Photophobia may be present in the blind eye. In the auditory nerve we have humming, buzzing,

singing, ringing of bells, violent explosions, and even words or conversations. In the olfactory nerve and nerves of taste we have odors and flavors. Many of these pathological phenomena are simply the hyperæsthesic nerves picking up the physiological sights, sounds, and sensations. The action, interaction, and varied modifying, physiological, or pathological impressions are sufficient to account for all that we experience in our dreams. The visual aspect of dreams, or how we see light, color, and form, is thus, to his mind, made quite clear when we come to study the lights existing or developed in the organism. From the nature and composition of the body it is physically certain that they must be present. When a great city is wrapped in the quiet of night,we begin to perceive many strange sounds and sights which escaped us in the busy hum and glare of day. When the body is wrapped in sleep, the intelligism is then free to notice the auto-sensations which come modified by partially transmitted external stimuli, and perhaps changed by pathological conditions. In sleep the mind is not engaged with thoughts, but with molecular processes, and these processes are the great factors in the etiology of dreams, delirium, and mental diseases.

The Coming Revision of the Pharmacopœia.

In May of this year there will assemble at Washington, a number of physicians and pharmacists, who will have for their object the revision of the Pharmacopœia. Among the hundreds of important points which will come up for consideration, there will be a few, to which timely attention is given by Dr. H. H. Rusby, in a paper read by him before the Philadelphia County Medical Society, and published in the *Med. Rec.* of January 11, of this year.

The requirements of the present Pharmacopeia with regard to the preparation of drugs, and more especially those of vegetable origin, are in many instances loose and indefinite and lead to the use of preparations which are neither uniform nor reliable as to strength and quality. "One of the most chilling and disheartening influences to which the student and young practitioner are subjected is the want of faith by the older practitioners in the efficacy of drugs, and particularly those of vegetable origin. This scepticism, either real or professed, is so widespread as to be almost general." There is good reason to believe that this results from defects in the preparations of the drugs, as above stated. There are but few persons who have any approximate conception of the wide variation in the quality and strength of the drugs from which the preparations of the Pharmacopœia proceed. One such condition of variation is the tendency on the part of many practising pharmacists to work with the cheaper article, since money is usually to be made by so doing. Through the unscrupulous nature of many pharmacists hundreds of tons of drugs are annually used which are nearly—perhaps, absolutely—inert. This is not an idle statement, for it can be confirmed by an investigation of the prices paid for many crude drugs. In the next place, we must consider that many pharmacists who are disposed to deal honestly are careless, or even incompeteni, in selecting the better of two samples. The last and clinching argument is that, be the pharmacist ever so honest, capable and careful, it is in many cases an absolute impossibility for him to ascertain from its appearance the imperfection of a given sample. For instance, in the case of coca leaves, very wide variations in strength are caused by age of plant, degree of maturity of leaf when picked, soil, altitude and mode of drying, all resulting in variations which it is difficult or impossible to determine by the physical examination of the sample.

Thus it is with many of our most important drugs, the value of the preparations of which we can determine by estimating by physiological or chemical methods the proportions of the various chemical principles upon which the activity of the drugs depend. In another class of preparations, such as buchu, xanthoxylum, and cannabis indica, uniformity cannot be secured by the estimation of such definite principles, but only relatively by the amount of extractive matter yielded by some specified process. By actual experiment, the most startling variations have been found in the case of a number of preparations obtained from different druggists.

This should be a convincing argument of the gravest want of uniformity in our preparations as at present defined. Medical practice upon a basis which allows the existence in a row of fifty consecutive drug-stores of the same preparation in forty different strengths, ranging from 25 to 150%, is not much better than semi-barbarous.

The remedy for the evil is close at hand, and should be applied. It consists in the compulsory assaying of all drugs which admit of assaying; and no lot of any drug should be made up into Pharmacopœia preparations until a portion of it has been assayed, and then only upon the basis of that assay. It may not pay the pharmacist to assay his drugs for the preparation of the small lot he is to manufacture, but that should make no difference to us. The pharmacist is the caterer to our profession, and it is his business to concede all reasonable demands, or to stand aside and let another who is willing, for of such there is an abundance. The primary object and design of medicine and pharmacy are not for the emolument of the pharmacist. When it has been proven that coca, belladonna and jaborandi leaves of good appearance vary greatly in medicinal power, and that in the case of these particular drugs regulation of the strength of their preparations is perfectly feasible, there can be no honest objection raised to taking this step in the case of those specified articles. In the same way let the other hundreds of pharmacopœial substances stand upon their own merits, so far as possible. This assaying need not be done by the pharmacist in

the case of each small lot, for assayed whole or powdered drugs are now offered by responsible wholesale dealers in from 1 to 100 pound lots, leaving no excuse save that of increased cost, which is, in this case, no excuse at all.

A change of this kind will be proposed, and should be supported by all the strength that physicians and the better element of pharmacists can muster.

Eye Symptoms in Diagnosis for the General Practitioner.[1]

As to the examination of the interior of the eye, Dr. Cocks believes that an ophthalmoscope should be in the hands of every practitioner. As an illustration of the facility with which a knowledge of its use might be acquired, he stated that he had had medical students clearly describe the fundus of the eye after a single examination. A choroiditis occurring either simultaneously or consecutively, attended with numerous dust-like spots in the vitreous, was almost pathognomonic of syphilis, either congenital or acquired. Its early recognition is of the utmost importance to the patient, and as the changes could be readily seen (when looked for) he had a right to feel aggrieved if his central vision was lost through neglect. Metastatic choroiditis, so destructive to the eye, and at times dangerous to life, may occur in puerperal fever, pyæmia, typhoid fever, and cerebro-spinal meningitis. The normal fundus has a negative value in diagnosis; for instance, an amblyopia may sometimes be determined to be of uræmic origin, an ophthalmoscopic examination having revealed a normal fundus. A rapidly forming or soft cataract might be the first symptom to attract attention to the presence of diabetes, and an opaque lens with a corneal scar might indicate the presence of a foreign body in the eyeball.

The neuro-retinitis of Bright's disease, with its almost pathognomonic changes in the neighborhood of the macula, are of sufficient importance to demand the attention of every physician. Retinitis often occurs in syphilis, and optic neuritis may often throw light on intra-cranial changes. Atrophy of the optic nerve might point to cerebro-spinal meningitis, basilar meningitis, gumma in the same region, alcoholism, fracture of the base of the skull with involvement of the apex of the orbit, or tumor of the base pressing on the nerve or chiasm.

In speaking of disorders of function, he said that a central scotoma for red was almost pathognomonic of tobacco poisoning. Night-blindness occurred in commencing atrophy of the optic nerve, in extreme anæmia from fasting, and in retinitis pigmentosa. As a rule, word-blindness, and acquired partial or complete color-blindness accompanied lesion of the cortex cerebri and nerve atrophy respectively. Limitation of the field of vision was found in optic atrophy, glaucoma, and retinitis pigmentosa. Monocular hemianopia was probably due to an intra-ocular lesion, but binocular hemianopia meant an intra-cranial lesion, and this along the optic tract or in the occipital lobe of the same side.

Where a patient with Bright's disease became suddenly blind, and no lesion of the fundus was found, the trouble was central, and probably due to œdema of the centres, and as such to be distinguished from albuminurial retinitis. Finally, acute glaucoma was sometimes mistaken for a bilious attack or hemicrania, and chronic glaucoma for incipient cataract. Here the increased tension of the eyeball, the dilated and immobile pupil, the limited range of accomodation, and the contracted field, would soon settle the diagnosis, even without the aid of the ophthalmoscope, if these signs were looked for.

[1]Conclusion of paper in Boston Medical and Surgical Journal.

MEDICAL ITEMS.

The Southern California Medical Society will hold its fifth semi annual meeting at Santa Barbara, in June.

Salt for Headache.—An English physician reports over thirty cases of headache and facial neuralgia cured by snuffing powdered salt up the nose.

No Women Physicians in Austria.—It is stated that Austria is the only civilized country in the world that prohibits women from entering the medical profession.

The Cost of Living in Vienna.—The American Medical Association of Vienna states that a student can live economically in that city for from $30 to $40 a month.

For Vomiting of Pregnancy.—A writer in the *Lancet* has not failed to cure any case of vomiting of pregnancy or pruritus by vesication over the fourth or fifth dorsal vertebra.

Tobacco in Constipation.—Bartholow recommends a few drops of the wine of tobacco in habitual constipation, to be taken at bedtime. He believes it increases secretion and peristalsis.

The Second Congress for Tuberculosis will be held at Paris during the latter part of July. Prof. Villemin will act as President. The subjects for discussion are important and interesting.

To Disguise the Taste of Cod-Liver Oil.—According to Gubb, of London, the disagreeable taste of cod-liver oil can be made to disappear entirely by mixing it with extract of malt which has been prepared in vacuo. A true solution is formed, but only extracts of malt which are rich in diastase possess this property. In-

valids and children enjoy the emulsion, which, so far from impairing digestion, on the contrary, often improves it. This is due to the addition of the malt.

To Detect a Morphine-Eater.—An exchange notes an efficient means of detecting the morphine habit, by adding a few drops of tincture of perchloride of iron to the patient's urine. A characteristic blue tinge results if he is a morphine user.

A Living Microscope.—Birmingham, England, has a living microscope in a lad who, as the result of some disease of the eye, is gifted with vision of such magnifying powers that he can distinguish distant minute objects with clearness and precision.

Death of Dr. Sayre.—Dr. Lewis H. Sayre, the son of the well-known New York surgeon, died suddenly on the 3d inst. He had been troubled with heart weakness for some time, and the death was attributed to heart failure. He was 38 years old, and had a large practice.

Flint on Diet.—Flint says: I have never known a dyspeptic to recover vigorous health who undertook to live after a strictly regulated diet, and I have never known an instance of a healthy person living according to a strict dietetic system who did not become a dyspeptic.

Anti-Cigarette Legislation.—The legislature of South Carolina, at its last session, passed a law prohibiting the sale of cigarettes to minors, and imposing a heavy penalty for its infringement. This is a movement on the side of prohibition that has much of common sense and justice in it.

Sensation in a Dissecting Room.—A well-built young man recently made it lively for a class of students at the Cincinnati College of Medicine, by rushing in and stopping them while in the midst of a most scientific dissection of his father's body. The old gentleman had been on a spree, died, and his body was assigned to the college before his relations had heard anything about his mishap.

A Novel Therapeutic Agent.—Dr. Theodore Clemens, a German physician, suggests the employment of the freshly passed urine of a child in the treatment of the chronic cystitis of aged people. After the bladder has been thoroughly washed out it is filled with the freshly passed urine of a healthy child. He claims to have obtained excellent results with this novel method of treatment.

Dengue Fever.—We take pleasure in presenting to our readers the excellent article on this subject translated by Dr. Mueller. It will be read with especial interest because of the opinion held by many, Germain Sée among them, that the present wide-spread epidemic of influenza presents many features closely analogous to dengue—in fact, some think they are one and the same disease.

Electricity in the Treatment of Intestinal Occlusion.—Herard reports twenty-four cases of intestinal occlusion treated by electricity. The method consists in first administering a salt solution and then passing a current of electricity. Faradic or galvanic Faradism is indicated in cases of sudden occurrence, galvanism in the cases of slower development. Herard concludes from his experience that electrical treatment in such cases should always be tried before resorting to laparotomy.—*La Province Med.—J. A. M. A.*

Prevention of Attacks of Migraine.—Dr. Hammerschlag, according to the *Allgemeine Medical Central Zeitung*, No. 39, employs the following combination of remedies for the prevention of attacks of migraine, and states that hitherto it has not failed him:

Caffeinnæ citrat., - - - gr. xv.
Phenacetin, - - - gr. xxx.
Sacch. albi, - - - gr. xv.—M.

Fiat. pulv. Div. in capsulæ No. X.

Sig: One capsule to be taken, in the intervals of the attacks, every two or three hours.

Phenacetin, he says, does not act so promptly when given alone. This treatment may be kept up until a decided remission occurs, and this does not have to be waited for long.—*Med. Practitioner.*

To Keep Out Lepers.—The following order has been issued by Secretary Windom: Until further orders, no vessel shall be admitted to entry by any officer of the Customs until the master, owner, or authorized agent shall produce a certificate from the Health Officer or Quarantine Officer of the port of entry or nearest United States Quarantine Officer that no person affected with leprosy was on board the vessel when admitted to free pratique, or, in case a leper was on board such vessel, that he or she, with their baggage, has been removed and detained at Quarantine. 2. Medical officers in command of United States Quarantines are hereby instructed to detain any person affected with leprosy found on board any vessel, but such officer will permit the departure on outgoing vessels of persons detained at Quarantine in pursuance of these regulations, provided such vessel shall be bound to the foreign country from which the said leper shall have last sailed.

A Critical Correspondent.—In the January number of our esteemed local contemporary, the St. Louis *Medical and Surgical Journal*, a correspondent of that paper attacks the views expressed in an article which he claims appeared as an editorial in the Review of November 9, of last year, under the title of "The Luxury of Prefessional Lying."

Without desiring to again awaken the wrath of the gentleman referred to, we hope we may venture to suggest

that the article in question appeared, *not* as an editorial, but under the head of selections, intended to signify that it was an extract from another journal. We sincerely regret that this intention failed of its purpose, as it seems to have done, and we also take occasion to regret that by an unfortunate oversight, the blame for which it is hard to place, the particular journal from which the article was taken was not specified. While we acknowledge our responsibility for the editorial columns, and are ready to defend them when necessary, we do not feel called upon to champion the article in question. With this explanation we dismiss the subject, having already devoted to it more space than it deserves.

CORRESPONDENCE.

FOREIGN LETTER.

BURGER HOSPITAL—LIPOMA—GUNSHOT WOUND OF ARM—FOREIGN BODY OF THE KNEE JOINT—MELANO-SARCOMA OF TEMPORAL REGION—RESECTION OF RIBS FOR EMPYÆMA—HEIDELBERG—SEQUESTROTOMY—RESECTION OF TUBERCULOUS KNEE-JOINT—SUTURE OF TENDONS OF FOREARM—STAPHYLORRHAPHY.

STRASSBURG, JANUARY 2, 1890.

DEAR DR. BOND.—Strassburg, besides its famous cathedral and wonderful mechanical clock, can also, with right, boast of the finest university building in Europe, which has been finished in the last few years and bears the name Kaiser Wilhelm's University. In the magnificent Aula is a full-sized portrait of Kaiser Wilhelm I, which the kaiser donated to the university. Directly opposite, at the end of a wide boulevard, stands the magnificent new palace of Wilhelm III.

Elegant as the university and the palace of the kaiser are, the large Burger Hospital is anything but that, and the thought came to my mind that the four or five millions of marks spent on the kaiser's palace, which is occupied by the imperial family once in four or five years, could with more benefit have been expended on hospital buildings.

At the Burger Hospital I met Prof. Boeckel, senior, who is a relic of the days when Strassburg was a French university. The professor is a very nice gentleman, who prefers to speak French to provincial German, and whose general tendencies are more toward French than German surgery. The professor has a great deal of material at his disposal and does much operating, but I think he is not up to the ideas of modern antiseptic surgery, and this is due, in all probability, to his advanced age at the time that antiseptic surgery came into use.

I was very kindly shown over the hospital and witnessed several operations. The first was that of a tumor over the left elbow in a young lady. The tumor was the size of a hen's egg, smooth on the surface; skin of normal color over tumor, and to the touch felt like a lipoma and was diagnosed as such. An incision over it showed that it lay among the fascia and dipped down over the large vessels, and also that it was not a lipoma, but a cystic tumor, and in all probability of a lymphatic nature. A little careful dissecting soon removed it. This case illustrated the fact that one may easily be mistaken even in the nature of very simple growths, without previous puncturing with a Pravaz syringe, and even this does not always reveal the true nature.

Another one was that of gunshot wound of right arm in a young man.

A charge of shot had entered about the middle third on the outer side of the arm and ranged downward. He had been seen by a physician and his arm dressed, but evidently without any regard to antiseptic principles, and a strong suspicion arose in my mind that very probably dirty fingers or dirty probes had been introduced into the wound, for when the dressings were removed the arm was found to be in a fearful state, swollen and erysipelatous, the wound dirty and suppurating. A large counter-opening was made, and a few shot removed from the bottom of the wound. A large drainage tube was put into the wound, and then antiseptically dressed. Accepting the fact that gunshot wounds are of a more disturbing character, perhaps on account of foreign bodies being carried along into the wound, than other kinds of wounds, yet I cannot help again calling attention to the importance of an intelligent "first aid to the injured," and emphasizing what I have already done elsewhere. (See paper, Transactions Missouri State Medical Society, 1888.)

"That the welfare and life of a patient may depend on the manner in which his injuries are handled primarily, and that the intelligent and careful surgeon often cannot make good the injury done to a patient by the careless and non aseptic supervision of a non-intelligent first aid."

Prof. Boeckel showed me, amongst others, two cases in which he had operated for foreign bodies in the knee joint. The one case did well and ran an aseptic course, and the other did the opposite, the joint suppurating so that free incision had to be made, and drain tubes inserted. As to how this could be, that one should do well and the other not, though the question cannot be positively answered, yet the probability is that in one case antiseptic measures were more strictly carried out than in the other.

In this hospital also there were numerous cases of osteo-myelitis, caries, and other forms of bone disease.

Prof. Luecke was absent on his vacation, so I did not get to see him, but his first assistant, Dr. Fischer, very kindly showed me the surgical clinic, and invited me to the operations, such as were to be done, for the material on hand was not very great at this time, as the professor was away.

The first case was one of melano-sarcoma. The tu-

mor was situated on the left temple of a man æt. 40 years. The tumor was about the size of a small hickory nut, and the skin over its surface was of a dark color. The tumor had only within a short time began to grow markedly; a wart-like growth had been noticed by the patient for years. The chain of glands from the temple down to the submaxillary glands were infiltrated. The incision was made around the base of the tumor and extended down below the angle of the jaw. The tumor was easily dissected out, and was found on making a section through it to be completely infiltrated with melanotic pigment. The attempt was made to dissect out each little lymphatic gland. After several small ones had been gotten out it was found that in numerable clusters of little infiltrated glands permeated the tissues in all directions and the question arose as to the feasibility as well as advisability of the continuance of the operation.

Dr. Kummell, First Assistant in Pathology to Prof. Recklinghausen, was present and making sections of the removed glands gave it as his opinion that the operation would be useless as it would be impossible to remove all of the infiltrated lymphatic gland tissue, for leaving any portion of infiltrated tissue would certainly mean a rapid return. So it was concluded to sew up the wound and leave the poor patient to his fate. We can fully appreciate the deplorable condition of this poor patient when we consider the malignancy of this class of tumors. The question might be put whether it is justifiable to operate in such a case? I would say yes, because it cannot be fully determined how much tissue may be infiltrated without an operation, and further growths may be taken for melano-sarcomas that are not, as I recently saw demonstrated in Bergman's klinik in the case of a man who had a tumor the size of a walnut below the left clavicle, which had every appearance of a melano-sarcoma. Bergman expressed his opinion that in all probability it was. Yet when he removed it and some of contiguous glands it was found on section of the glands that there was an absence of pigment infiltration which spoke against its being a melano sarcoma. The operation removed a doubt, and gave the patient the assurance of the removal of a growth that might possibly in time have become malignant.

Another case operated on was one of empyæma in a young woman. Ordinarily these patients with effusions bear chloroform badly (narcosis generally), and great care is necessary. Dr. Fischer called especial attention to this fact and also to the fact that extensive quantities of serum or pus must be evacuated slowly, for if done rapidly the lung expands too suddenly, engorgement takes place and collapse of the patient may occur. Several times during the evacuation the patient became weak and it was necessary to go ahead slowly. The operation was the ordinary Estlander resection of the ribs.

A very important point in this operation is to always resect the ribs so that the lowest part of the opening is on a level with the diaphragm. This is very obvious, for then it will not be possible for fluids to sacculate, but thus find free vent, and afford perfect drainage. In these operations (and I may say this in general of German surgeons) not much attention is paid to ribs or muscles, but they are divided and cut away in a manner without any particular attention to the patient's anatomy or how it looks afterwards, only so that the seat of trouble can be reached, and no doubt this is the correct way of doing, for time is gained for the surgeon, and for the patient also, and the satisfaction for both that the operation has been thoroughly done.

I visited Prof. Freund's klinik but the professor was away, and no operating going on, I had to content myself with taking a view of the wards, which an assistant very kindly showed me; during the stroll through the wards, we met the younger Freund, who regretted that there were no operations, and invited me to call again. Although promising to do so, I found it impossible, as I left next day for Heidelberg.

Although one of the smaller of the German Universities, Heidelberg has excellent opportunities, especially in surgery and nervous diseases.

The surgical material of Prof. Czerny is very extensive as his reputation brings cases to his klinik from great distances, and as far as the quality of work is concerned I think it will compare favorably with any I have thus far seen in Germany. The University Hospital is built on the pavilion plan, with covered walks leading from one building to another. The amphitheater and operating areas are too small for the present demand. Prof. Czerny has so much material on hand during regular semesters that frequently two operations at one time are being done on two different tables, one by himself and the other by his first assistant, Dr. Schmidt.

Here one can see antiseptic and aseptic surgery carried out in detail, without exaggeration, and everything is done in a smooth and quiet way. I visited Heidelberg twice, the second time on my return from Italy. The first time I was there Prof. Czerny was away and his first assistant, Dr. Schmidt, performed the operations, and in a very skillful manner. And, by the way, Dr. Schmidt is one of the most pleasant of the many pleasant men it has been my lot to meet in Germany, and is sure to make his mark.

Among the operations I saw him do was one of sequestrotomy, for a large sequestrum, taking in almost all of the shaft of the right femur in a young man. The external opening was small, situated on the side of the thigh a little above the border of the capsule of the knee-joint as it dips underneath the extensor quadratus tendon. Quite a large opening down to the bone had to be made, and the bone chiselled away for quite a distance in order to allow the very irregular club-shaped sequestrum to be exstrccted. A little skillful manipulation of chisel and forceps brought forth the necrosed bone. The various channels that existed in the body of the femur as well as the granular tissue

were thoroughly scraped out with a sharp spoon and then packed with gauze (iodoform) and the external wound partially closed, leaving enough open to pull gauze out and also for drainage.

Another very neat operation was a resection of the knee-joint in a young girl for tubercular trouble. The incision was made as usual in making the patellar flap operation, carrying the incision from one condyle of the femur to the other below the patella, severing the tendon, turning the patella back exposing the joint. The joint was filled with fungus masses which were carefully removed by scissors after the articular surface of the femur and tibia had been removed by the saw and also all the articular surface of patella. When the part were coaptated the capsule of the joint was again separately united by a continuous catgut suture. No drains were placed in the joint. The skin was then separately united by interrupted silk sutures. The limb, encased in antiseptic dressings, was placed on a posterior splint. Plaster-of-Paris splints are put on after about three weeks when union of parts has taken place, and remain on until the end of six to eight weeks. In some future letter I shall describe different methods of resection of the knee as carried out by other operators, which I have seen here.

Among the many other operations Dr. Schmidt made, was one of tendonorraphy. A young boy riding on a velocipede past a window, was thrown from the vehicle into the window, the glass cutting his right arm badly, severing several of the flexor tendons of the lower arm. The suturing of the several divided tendons was slow work as each individual tendon had to be hunted up and pulled out of the sheaths into which they had retracted. It was one of those cases in which the patience and care necessary to unite the parts, would be well rewarded by the restoration of function, as has often proven itself in my own practice at home, in the cases of several tendons. On my second visit to Heidelberg, I met Prof. Czerny, and the morning of my visit saw him do a very complicated staphylorraphy in a young child. The little patient was placed with head hanging down ward over the edge of the operating table after the method of Rose. The jaws were separated by a Whitehead's speculum (which is in general use here in operations on the mouth and throat) and the little patient was kept under chloroform with the aid of "Junkers" chloroform apperatus, which is a chloroform bottle, to the stopper of which are attached two metal tubes, one reaching nearly to the bottom of the bottle, and the other terminating a little below the stopper; to the nozzle of the long tube is attached a double rubber air bulb (such as is used in throat sprays) by means of a rubber tube two to three feet long. To the nozzle of the short tube is attached by means of a rubber tube also two to three feet long a metal mask that fits closely over the nose and mouth. The manner of use is as follows: The chloroform bottle, which has a metal hook fastened to it, is hooked into a buttonhole of the vest of the party that administer chloroform. Compressing the rubber bulb a current of air is forced through the chloroform, and comes with it into the mask bearing the fumes of the chloroform. By this means a certain proportion of atmospheric air is mixed with the chloroform. Not only is it a means of saving chloroform, but it is also neat and clean,and there is no danger of burning the face of patient through carelessly pouring on of chloroform as is frequently done with Esmarch's and other forms of masks and hoods. This apparatus is by no means new, but I have seen as demonstrated by its use here, and in other clinics, that it is eminently practical. It can be had of instrument makers in America.

In the operation under consideration after the little patient was thoroughly narcotized, the mask was taken off and the chloroform administered through the tube which was held in the mouth of patient. In this way the chloroform was not in the operator's way and a necessarily very tedious operation was considerably shortened, by not having to stop and wait for chloroform to be administered, which is usually the case in operations about face and month. The operation was done in the usual way. The edge of the cleft were freshened, then the tension of parts was liberated by lateral incision down to the hard palate. The sutures were ordinary strong silk sutures introduced by means of a strong surgical needle.

Prof. Czerny had invited me to witness a laparotomy which he was going to do in the morning but while he was engaged in the staphylorraphy operation a telegram came from St. Avold, a little garrison town near Metz, stating that a military officer had been shot in the abdomen and that he must come at once. As this trip implied a six to eight hours ride per rail, and uncertain railroad connections, the laparotomy for the following day was indefinitely postponed, and as my time was limited on account of other arrangements, I could not wait for his return. I left on the same afternoon with pleasant recollections of "Alt Heidelberg."

A. H. Meisenbach, M.D.

SOCIETY PROCEEDINGS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Dr. John S. Miller.—In presenting the following case of supra-vaginal hysterectomy, I do not profess to tell much that is new or strange,but only desire to place it on record for statistical purpose. Statistics are valueless if failures are not reported as well as successes.

Mrs. E. B., æt. 56 years, American. Menstruation began at the age of 14, and had one child at 26. No miscarriages. Her health was always fair; from the beginning her catamenial periods were marked by an excessive flow. At the age of 23 she had an attack of diarrhœa, which apparently awaked a continuous metrorrhagia of such gravity that for six months she was confined to bed. At that time, it is said, her condition was more serious than when the hysterectomy was indicated a few weeks ago. Three and one-half years ago

the bleeding stopped for about four months, and the patient was happy that her menopause had at last put a check on this heavy drain and pain. After some exposure and overwork the uterine hæmorrhages again appeared with increased vigor; the pain was also greater, and in a short time she became greatly reduced. During all these years she had been treated homœopathically, and she was told that if the blood were stopped she would perish.

For the past three years the bleeding was constant, varying in degree from day to day. I saw her for the first time about three weeks ago, and found her comparatively fairly nourished, considering the history of the case. She was very anæmic, and her suffering excessive. The uterus was found to be about the size of a fœtal head, and fibroma of the uterus diagnosed. Ergot and tampons were used with some effect to control hæmorrhage during the week in which she was prepared for the operation.

As a proper preliminary precaution the condition of the heart, lungs and kidneys were interrogated and found apparently normal. After the usual preparation for an abdominal section, ether was used as the anæsthetic. A three-inch incision was made, which was afterward enlarged sufficiently to deliver the tumor. The growth was about the size of a fœtal head, globular in form, with a number of cysts, the largest of which was of about the size of a hen's egg; this cyst was ruptured during the efforts at delivery of the tumor. Tait's corkscrew was introduced into the most solid portion, but it did not take hold in the friable tissue. There were no adhesions to the surrounding structures, and with some slight difficulty the tumor was delivered through the abdominal incision. The neck of the uterus was transfixed, and a Koeberle's *serre noeud* charged with a so-called Delta metal wire was applied, which twice broke. A German silver was next substituted, which also gave away. Fortunately, I had provided myself with some thick rubber cord whieh I wound (on a stretch) tightly three or four times below the transfixion needles, and the tumor cut away. The stump was about two and one-half inches in diameter, but was shaved down to about an inch. The peritonæum was stitched over the stump. The parietal peritonæum was carefully stitched to the neck of the pedicle and thus it was excluded from the abdominal cavity. A glass drainage-tube was used, and the blood and serum was frequently removed with a uterine syringe. Only three and one-half ounces of ether was used, and there were no complications to deal with to interfere with the prompt dispatch of the work, except the aggravating breaking of the wires. Although the patieut was very much depressed during the operation, she rallied well soon thereafter. For twenty-four hours she suffered severely from retching, which was uncontrollable during this time. The patient now seemed quite hopeful, and her condition was no worse than what I had frequently observed before in simple oophero-salpingotomies. Her temperature never went above 99°. On the morning of the fifth day a decided change for the worst came over her, and no assignable cause was discoverable. She refused to take nourishment and stimulants; these were introduced through other channels, without, however, any appreciable effect. There was no evidence of hæmorrhage, no strangulation. Tympany was slight. The excreta had been normal since the operation, and I was totally at a loss to understand the cause of this sudden collapse. Despite careful and active stimulation the heart became very feeble, and unconsciousness supervened, followed later in the day by *exit letalis*.

Autopsy twenty-four hours later disclosed the wound and dressings in a perfectly aseptic condition. The wound was firmly united, but could be separated by tearing with the fingers. The stump was dry and mummified in appearance. The peritonæum was normal, and only reddened at the line of union with the abdominal wound. The pelvis contained about two ounces of an odorless, serum-like fluid, such as we frequently find in post mortem examinations.

A thorough examination was not permitted, and the parts could be only examined through the reopened wound.

To Dr. Morris Booth Miller, resident physician of St. Joseph's Hospital, I am indebted for the following notes on the microscopical examination of the tumor. The growth is a Leiomyoma. "Its pfincipal characteristics are as follows: In size it is about as large as two fists, smooth, slightly lobulated, firm, shining on section and is pale gray, with concentric lines when cut. Microscopically it presents the characteristic appearance of one of these tumors in its smooth, long, nonstriated muscular fibres, with a varying amount of intercellular connective tissue. Toward the interior and close to the cornua of the uterus the texture of the tumor is less firm; in fact, almost becomes cavernous iu its softening, with the softened spaces filled with a mucoid degeneration. No cells of a sarcomatous nature could be found, though the fact that this growth affected principally the fundus, in contradistinction to the cervix, which is usually attacked by sarcoma, would almost of itself exclude the cancer idea.

"A word as to Leiomyoma: the usual seat of these growths is the uterus, through the testicle, prostate, etc., may also sometimes be affected. In fact, the enlarged prostate of old men is always Leiomyoma of a very slow growth. The fibres are long and smooth, and have a long nucleus. On cross section the fibres are nearly circular. They may be closely bound together or may be of such a disordered appearance as to suggest malignancy. The size of these tumors varies from that of a fist to that of a pregnant uterus. They are usually encapsulated and, as a rule, grow slowly; though often after they have gained some size they suddenly take up a rapid growth.

"They usually occur late in life, and seem to occur with remarkably frequency in negresses. They are perfectly benign, but they endanger life through their excessive hæmorrhagic tendency.

"As to the diagnosis of these tumors anatomically, it is well-nigh impossible to identify them by any other means than the microscope, under which they present their characteristic appearance; and by the absence of any tumor resembling them, the diagnosis is made easy."

Dr. E. E. Montgomery.—Sarah Perry, æt. 34 years, colored woman, native of North Carolina.

She was admitted to the Medico-Chirurgical Hospital July 14, 1889, suffering from abdominal enlargement, which had been in existence for about eight years, and given her so much distress and discomfort that she was willing to undergo any risk to get rid of it. She had been married a number of years, but never pregnant. She had not suffered from hæmorrhage, but from the growth and pressure of the tumor. On admission, the abdomen was very considerably distended, presenting a tumor which could be felt extending beneath the ribs in the right hypochondriac region. Otherwise her general appearance and health were good. The tumor was irregular, nodular, movable and apparently a part of the uterus. By vaginal examination a portion of the tumor could be felt filling up the pelvis and could not be readily dislodged. The mass was not painful, nor was any fluctuation present. Diagnosis: muitiple fibroma.

The patient was so desirous of being relieved of its weight that the operation was decided upon. This was performed July 16, in which I was assisted by Drs. West, W. S. Stewart, Reyburn, Hammond and Mr. Maier. Making an incision five inches in length nearly to the umbilicus, the upper nodular mass of the tumor was secured and drawn out by inserting a corkscrew into its substance. The raising up of the remaining portion of the tumor was attended with little difficulty; the broad ligaments, however, were so short that the tumor was still held against the rim of the pelvis, so that as the next step in the operation, the finger was driven through the perinæum close to the surface of the cervix, the ligaments grasped with large forceps, and separated from the uterus. This permitted the uterus to be raised up so that the cervix would form a stump. When it was compressed by a rubber ligature, and the tumor of the uterus cut away, the stump was then raised up, transfixed by pins, and secured by the sersenœud and fastened in the lower angle of the wound; the vessels of the broad ligaments having been previously ligated, the abdominal cavity was thoroughly irrigated, and, as there still remained some oozing, a drainage-tube was placed just above the stump. The abdominal wound was then closed by sutures, and a dressing of iodoform gauze applied. The stump itself was thoroughly dusted with iodoform and surrounded and covered by gauze.The patient suffered no shock,and the subsequent progress was exceedingly favorable. The highest temperature reached was on the ninth day,when it attained 102.4°. The patient complained of but little pain, and the discharge from the drainage-tube ended on the second day, so that it was removed. The stump was cut away at the end of the week, removing the pins and wire; following its removal there was considerable retraction of the parts, leaving a cavity to fill up by granulation. This was completely healed by the middle of the fifth week. The patient was discharged well August 19, 1889.

Dr. Montgomery reported a case of vaginal hysterectomy and presented the specimen with the following history:

Mrs. L., æt. 48 years, admitted to the Medico-Chirurgical Hospital, October 31, 1889. Mother of seven children; has had three miscarriages; youngest child æt. 5 years; last miscarriage occurred two years ago. Previous to its occurrence her health had been very good. Since she has suffered from frequent hæmorrhages. Three times during this period she has missed one menstrual period. For a month before her entrance she had had a continuous bleeeding, so severe at one time as to require tamponning of the vagina.

She was seen a couple of weeks before admission, in consultation with Dr. M. J. Cummings. The uterus was enlarged and retroverted. The cervix was large and lacerated, the posterior lip abraded and bleeding. The os presented a number of small granular nodules. The uterus was drawn down and a small section of the mucous surface removed, which was examined microscopically by Professor Laplace, who without hesitation pronounced it epithelioma.

As the uterus was readily movable, and careful rectal examination failed to disclose any involvement of the broad ligaments or surrounding tissues, extirpation of the organ was advised. The operatien was done November 2.

After careful irrigation with acid sublimate solution, the patient was placed in the recumbent position, the uterus exposed with lateral vaginal retractors, seized with volsellum, and with a knife separated by a circular incision from the vagina. The anterior and posterior surfaces were pushed off until the peritonæum was reached. The latter was opened behind and a large sponge introduced. The anterior was opened, and clamps applied on either side the uterus to the broad ligaments. The uterus was now cut away between the clamps, and after the removal of the sponge a wad of iodoform gauze was inserted.

Duration of operation twenty-five minutes.

The immediate effect of the operation was profound shock. Subsequent temperature was high, reaching 103° about the eighth day.

The clamps were removed at the end of twenty-eight hours.

The patient left the hospital at the end of three weeks, feeling strong and well.

The uterus was opened and it was found that the whole mucous membrane was in a state of malignant degeneration.

Although the appearances, prior to the operation, indicated disease confined to the cervix, the subsequent examination demonstrated the futility of any operation other than extirpation.

SELECTIONS.

MASSAGE IN THE TREATMENT OF SPRAINS.

BY MASSEUR KURRE W. OSTROM,

From the Royal University of Upsala, Sweden.

It is becoming well recognized that massage is of the greatest value in the treatment of sprains, both acute and chronic. The sooner the parts affected are subjected to mauipulations, the more rapid the results will ensue.

In beginning, the parts are of course very tender, and no other manipulation should be used than the slight superficial stroking, performed by the tips of the fingers or the palm of the hand, and after only from ten to fifteen minutes treatment, a decrease of the swelling will easily noticed. The two or three first treatments should consist only of this centripetal stroking and last no longer than fifteen minutes. As soon as the most acute pain has disappeared, friction should be applied, a circular manipulation being performed with the tips of the fingers upon the parts; the aim of this is to force out deposits from the affected parts, and to distribute them through the surrounding tissues. Every friction should be followed by centripetal strokings, the whole treatment being performed within twenty-five minutes. Dr. Murell says: "After a few treatments the pain, the discoloration, and the swelling disappear as if by magic." The treatment should be applied twice daily if possible. After the third treatment the movement of the ankle joint is quite free and almost painless. The patient may then be allowed to take a few steps, and if the pain does not recur, the amount of exercise should be increased every day. After each seance the ankle should be bandaged with flannel. A water application at night will materially assist the treatment. At the end of the fourth or fifth treatment a few Swedish movements, such as flexion and extension, turning, and rotation of the foot, are to be recommended.

In severe sprains when there is a rupture of a ligament or a tearing off of the bony parts, the massage treatment is generally contra-indicated; still a careful and educated masseur can greatly assist the surgeon to reduce the swelling and thua make the location of the injury more accessible to him.

Why should we prefer massage treatment to any other remedy for sprains? Simply because the records of cases of sprains treated by massage show that we get better results by this plan of treatment and that we also obtain cures in much shorter time. Philippeaux says that a slight recent sprain is cured in one sitting, and in severer sprains he has found four to five treatments to be sufficient to put the patient on his feet again. This is no doubt very true, but how much use has the patient of his injured foot after only four or five treatments? Mullier found that the average number of days required to cure sprains by the old way (immobilization and dressings) was 25, while by massage treatment the average was only 9. Dr. Douglas Graham, the most skillful masseur of America, found that, in several hundreds of case of sprains and similar affections, the average time needed for recovery was 9 days.

In Germany, where sprains are especially common in the army, massage is exclusively adopted as the only proper treatment.

Some of the most prominent physicians advocate massage as the proper treatment for sprains, and it ought not to surprise any one that they advocated this treatment, when it is a well-known fact that it takes less than half the time to make a complete recovery by this plan that is required with any other. I am perfectly satisfied that the massage treatment for sprains, as well as for many other affections, would be more universally adopted by the medical profession, were it not for the many uneducated "rubbers" who are now so common in the larger cities, claiming to cure anything and everything with a treatment, called by them by the scientific name of "massage," although practically they give nothing but a superficial rubbing, which by no means is massage, and they are apt to do more harm than good, as they generally have no knowledge of the anatomical structure of the parts.—*Med. and Surg. Rep.*

MANAGEMENT OF ABORTION.

BY R. A. MURRAY, M. D., NEW YORK.

It is to be regretted that fixed principles do not guide the general practitioner in the management of abortion cases. The result is often disastrous to the woman, for an abortion too frequently ushers in a whole series of uterine troubles—hæmorrhage, salpingitis, barrenness, subinvolution, etc. Abortion is always a pathological process. The muscular coats of the uterus are still undeveloped, and contractions are inefficient. The cervix does not relax readily and involution is but slowly accomplished. Goodell has likened abortion to the plucking of immature fruit. Two symptoms are always present—pain and hæmorrhage. In threatened abortion, in the treatment of which I am in favor of opium for the pain, extract of viburnum prunifolium is of benefit, and chloral hydrate or the bromides, given by the mouth, seem to contribute to the cessation of uterine action. Careful examination should be made to ascertain the exact condition of things, and whether the symptoms be really referred to threatened abortion or to some other cause. The appearance of regular menstruation is possible up to the second month, though not thereafter. If an escape of waters or membrane has taken place, then efforts at prevention should give way to others in the direction of hastening the process of abortion. Thorough and persistent antiseptic precautions should be maintained. The vaginal canal should be tamponed with gauze, well applied around the cervix by means of an applicator, the patient being

placed in Sims' posture If the bleeding be very profuse, alum may be used on the first tampon. Tampons are to be preferred to the colpeurynter. If the os be found dilatable, but not dilated, ergot might be given in small doses. When the tampon is removed the os is generally found to be sufficiently dilated to admit of the ovum being reached by the forefinger. It is better to empty the uterus. Examination of the endometrium should be carefully made, and if the membranes be found detachable they should be removed with a placenta forceps. If portions still adhere, the blunt curette of Thomas should be used to remove these fragments.

The operator should not be satisfied until the whole endometrium is freed from projections. The cavity should then be washed out with carbolic acid solution of the strength of 1 to 100, a reflux catheter being used. The hæmorrhage would cease entirely as soon as the uterus was clear. If the uterus had been depressed during the examination it was most important that it should be raised again.

In cases of neglected or of incomplete abortions, great care should be exercised. It is imporant that everything which has been preserved should be examined. If the membranes have not been made away with they should be approximated to determine their entirety. Examination should be made of the cervix, and the endometrium should be explored. When I am able to see what has been passed and it seems complete, I simply order antiseptic vaginal washes with antiseptic dressing to the vulva, and make careful inspection of the cloth removed each day, watching also for any local abdominal tenderness or rise of temperature. In neglected cases where the patient showed evidences of septic trouble, all authorities agree that the cervical canal, if closed, should be dilated, the cavity throughly washed out, and the curette used. The general septic symptoms should be combated by the administration of alcohol, quinine and generous food. It has been said that the galvanic and faradic currents possess a certain antiseptic action, but I have had no experience with the method. I do not favor the use of the brush advocated by French obstetricians. The blunt curette will be found to answer all requirements. Subinvolution may be averted by the judicious use of ergot. Abortion and miscarriage are fertile sources of a train of supervening uterine troubles. The proportion dying from septic complications after miscarriages is greater than that of the deaths by sepsis after labor at term.—*Med. Standard.*

HYPNOTIC SUGGESTION IN HYSTERICAL PARALYSIS; HYPNOSCOPE.

In the St. Petersburg semi-weekly *Meditzina*, Dr. M. V. Pogorelsky, of Elisavetgrad, details a striking case of a hospital nurse, æt. 23 years, with hysterical paralysis of all the limbs, body and bladder, which was cured by ten sittings of hypnotic suggestion (during the course of 24 days), after all ordinary means (electricity, oxygen inhalations, strychnia, steel, etc.), had utterly failed to bring any relief. A great improvement, viz., return of movement in the upper limbs, and, to a slighter degree, in the legs, was obtained even after the very first *seance*, which fact, by the way, enabled the author to at once settle the differential diagnosis, since some of his colleagues had regarded the case as one of post-diptheritic paralysis. The same author recommends a simple hypnoscopic test. As is known, out of every 100 persons only 40 can be brought into a hypnotic state (that is, they are "mediums"), while the remaining 60 cannot be hypnotized by any procedure in vogue (Obersteiner). In view of this fact, many attemps have been made, in striving to discover some means by which one may make an easy and rapid differentiation between a medium and a non-medium. Diagnostic appliances of the kind, or "hypnoscopes," were proposed, for instance, by Gessmann, Marcy, Ochorowict, etc. Starting from Ochorowict's principle, Dr. Pogorelsky suggests the following test, which gave satisfactory results in several scores of cases experimented upon by himself. He takes an ordinary midddle-sized horse-shoe magnet, and, while holding it vertically, orders the patient to place his or her forefinger in the outlet in such a maner that the ball should look downwards and the lateral aspects of the phalanx come to rest lightly on the respective inner surfaces of the branches. The patient's forearm and hand should be placed on a table and remain motionless. Be the person experimented upon a medium, he or she very soon (in from one to seven minutes) commences to experience peculiar senations about the finger—such as pricking, twitching, pressure, numbness, cutting pain, etc., —which not unfrequently spread to the palm, other fingers, and sometimes even up the forearm, arm, and down the whole corresponding side of the body (including the thigh), and ultimately may involve the opposite hand, etc. No phenomena of this kind are induced by the magnet in the case of non-mediums.—*Med. and Surg. Rep.*

HYPNOTIC SUGGESTION IN THE TREATMENT OF ORGANIC DISEASE.

BY WM. WAYNE ASHURST (UNIVERSITY OF PENNA.), PHILADELPHIA, PA.

Read before the D. Hayes Agnew Surgical Society.

GENTLEMEN.—In asking your attention this evening to a few words upon a topic in the line of the therapeutist's practice rather than of the surgeon's, I yet feel that I have not passed entirely the confines of what may be interesting and appropriate to us as members of this Society; for the surgeon's duties must inevitably in many eases embrace the treatment of disease otherwise than by operative interference. A few minutes,

therefore, devoted to discussing the value of hypnotic suggestion as a remedial agent in organic disease, may not be altogether misspent and wearisome.

Many therapeutists have admitted that suggestion may be of great service in the treatment of functional disease, at the same time denying that an organic trouble can be in any degree benefited by it—holding the ground that there is a complete and radical difference in the nature of these two kinds of disorder. The distinction they make is this: that in the organic type there is a physical alteration, an abnormality in the material structure of the tissues; but that in the functional disorder the morbid symptoms exist without any physical change in the body to account for it. This, however, would seem an unwarranted assumption—ground surely far too insecure to safely base upon it a limitation to the powers of a remedy so great as suggestion has proved itself.

It is universally conceded that all processes are inseparably connected with tissue change—are the result of a chemical decomposition of the constituent elements of the body. Thus the phenomenon of the transmission of an impulse upon a nerve fibre may be explained in the following maner: An irritation of a portion—one cell of a fibre—causes a chemical change of some sort to take place there with the production of an irritant compound; this new substance, brought in contact with an adjoining cell, causes there also an irritation and a repetition of the phenomenon that took place in the first cell, thus—from cell on to cell—the impulse travels over the whole length of the fibre.

In the cells presiding over the higher nervous phenomena—those which constitute the intellect—similarly each thought, each memory, each wish, accompanies and results from a chemical disintegration of these highly specialized cells.

Since every vital process is thus dependent upon a physical alteration in the organism—since every symptom is the manifestation of a chemical change—every morbid symtom must be the result of an abnormal chemical condition of some part of the economy—a morbid tissue change. In other words, a functional disease is but an organic one in which the lesions—the material changes—are so slight as to escape the observer's closest scrutiny. But there can surely be no alteration from the normal function without a preceding structural alteration—however slight—in the organ whose duty it is to perform this function.

Since, then, the difference between functional and organic disease is one of extent, merely, and of the perceptibility of the accompanying structural changes that a method of treatment yielding such great results in one will prove entirely futile in the others, is an opinion no longer tenable.

It may be, however, that when the lesion is very extensive, the diseased organism has become so crippled in its resources that even were the economy at large placed in circumstances most favorable to the exercise of its power of repairing diseased tissue, so little of this is left that the best treatment will be but palliative.

But is it not reasonable to hope that a morbid organic process amenable to any treatment will be at least influenced in the direction of repair by hypnotic suggestion; doubtless, if sufficient time were available, that the rapid course of the disease might not outstrip the slower progress of the remedy, and could the suggestive impression be made of sufficient intensity, the most extensive and obstinate organic disease would thus be cured. So that failure to obtain a cure by the application of the "therapeutics of the imagination" can be due only to the patient's own susceptibility to suggestion.—*Med. Age.*

MERCURIAL FLANNEL.

In the October number of *L'Union Pharmaceutique*, M. P. Carles gives a detailed account of the method of preparing mercurial flannel, an article which appears to be coming into use in France. Its introduction is due to Professor Merget, of Bordeaux, who in his recent thesis for the degree of Doctor of Medicine, referred to in the *Brit. Med. Jour.*, Nov. 23, 1889, shows that when frictions are made with mercurial ointment, the mercury is not absorbed by the healthy skin, and that the metal acts only by the vapors which it spreads, and which are introduced into the system by means of the respiratory passages. The inconvenience attending the use of mercurial applications are well known; they are sometimes difficult to apply, and occasionally they cause cutaneous eruptions and salivation. Professor Merget has proposed to replace them by applications of thick tissues, upon which is fixed an adherent deposit of mercury reduced mechanically to an impalpable powder, and placed in conditions most suitable for it to become slowly vaporized. Flannel is the material used for this purpose. It is first treated with a solution of sodium carbonate in order to free it from grease, and thus prepared it is dipped into a saturated solution of mercurous nitrate and afterwards into liquor ammoniæ; this solution precipitates the mercury in the tissues of the flannel as mercurous ammonium. To make use of the mercurial flannel it is sufficient to place a square of 25 centimetres on one side near the respiratory passages. Although the system is thus in direct contact with the mercurial vapors, it is not saturated by them, for they are rapidly eliminated by the renal and intestinal excretions, aud thus an equilibrium is maintained. Experience has shown that respiring these vapors every night, and leaving them off during the day, sick people and those in good health support them without the least inconvenience during several months. It is necessary to observe that if the mercurial dust from the flannel be inhaled with the vapors, salivation is rapidly produced. The piece of flannel, therefore, must be enclosed in a bag of some light tissue, so as to prevent the dusting out of the mercurial powder. The flannel thus protected is placed under the patient's head if he sleeps

on his side, or upon his chest if he lies upon his back. This mercurial flannel will give sensible vapors of mercury which can be recognized by tests for years. It weakens, however, sensibly every day when in contact with the hot body; it is, therefore, necessary to renew it about every three weeks. It can also be used as an application to the skin in cutaneous affections due to parasites. For this purpose it is applied in the form of a glove, a sleeve or a bandage.—*Med. and Surgical Reporter.*

A Defect in the U. S. Pharmacopœia.—In the *Pharmaceutical Era*, Dec., 1889, Mr. Paul L. Stangl, of Philadelphia, says. The United States Pharmacopœia is open to more than one objection, but none is so flagrant as the one to which I wish to call attention. I received a prescription, and finding the dose rather excessive, it being a very poisonous substance, I sent the prescription back to the physician to have it corrected or verified. The doctor being absent, I sent word for him to stop at the store on his route and was rewarded by his appearance shortly after. After stating the matter to him, it occurred to me to see just what the exact maximum dose is, and as a pharmacist, naturally turned to the United States Pharmacopœia for information. Imagine my surprise on finding that the book, prepared especially to be the standard and guide by which the druggist is to conduct his establishment, lacked that most essential table, the maximal doses. As nearly every Pharmacopœia in the world has these tables, it was the more surprising to find them absent in the Pharmacopœia of this progressive country. This is of greater importance than it looks at first sight. If, for instance, a physician prescribes a poisonous dose, and the prescription comes into the hands of an ignorant and careless apothecary, he can compound it, and in case of poisoning can go free on two points which the law must allow. First, he can claim having followed the prescription and be irresponsible on that account; or, if he be questioned, if he did not know that the dose was poisonous, he can claim irresponsibility, because the U. S. P., the only book according to which he is compelled to make his preparations, does nowhere state the dose of this or any other remedy. On the other hand, the physician can go free on the same grounds, since his text-books vary the dose exceedingly. In fact, in six or eight different text-books on materia medica and therapeutics, used by professionals, which I examined, I found a range, for example, of tincture of aconite of from 5-8 to 20 25 drops as the highest safe single dose that can be given. In consequence a physician ought to depend either on the U. S. P. or his druggist, who in turn must rely on the U. S. P.—*Med. and Surg. Rep.*

Double Uterus and Vagina.—In the *Virginia Med. Monthly*, December, 1889, Dr. B. H. Brodnax, of Brodnax, Va., reports a case of double uterus and vagina coming under his observation. The subject was a negro woman, 40 æt. years whom he delivered of the smallest child he ever saw, at full term. It measured eight inches long, was well-formed and alive, and died half an hour later. While removing the placenta, his finger caught in a loop in the posterior part of the vagina. Several days afterwards he examined the parts, finding a double vagina. Further examination, with sound, disclosed a second womb; the posterior one joined to the anterior, but with a perfect os and cervix, and depth of womb one and one-half inches. The woman had told Dr. Brodnax previously that she had menstruated regularly every month, whether pregnant or not, which caused her not to know when her full time had come. This he had doubted.

The anterior uterus and vagina were of usual size but the second womb was only about two-thirds the size of the one that had been impregnated, and its vagina was not over a fourth of an inch in caliber. The two vaginæ were distinct throughout—they moving on one another when rubbed between the fingers. The examination was as critical and careful as could be made on a living subject. The woman had evidently never been impregnated in the posterior womb. She is still living, and the birth at which the discovery was made was the sixth. —*Med. and Surg. Rep.*

Neutralization of the Bacillus Tetani.—In June last Professor Sormani of Milan announced to the Lombard Institute of Sciences the results of his experiments on the neutralization of the tetanigenous microbe–results which seemed to justify his conclusion that iodoform, iodol, and corrosive sublimate are absoutely destructive of the bacillus in question. To these disinfecting agents he has, as the result of further experiments, added three more--namely, chloroform, chloral hydrate, and camphorated chloral, the latter being, he alleges, in a marked degree efficacious; while camphor and camphorated alcohol he found inert. On a general review of the whole, however, he gives the preference to iodoform. Seven rabbits were inoculated with materials charged with the tetanigenous virus. From six of these, after an interval of twelve hours, the foreign body was removed during the period of incubation; from the seventh the substance was removed only when the first symptoms of local tetanic convulsions had declared themselves. In all these animals the wound was scraped and thereafter freely medicated with iodoform. The seventh rabbit died of tetanus. Of the first six, five were saved. From this Dr. Sormani concludes that medication of wounds with iodoform ought to be practised before the setting in of the first tetanic symptoms. Nevertheless, even during declared tetanus, the application of iodoform to the wound is capable of disinfecting it and of removing from it all trace of virulence. Wounds and sores treated with iodoform, especially wounds or sores contaminated with earth, yield results highly welcome to the surgeon—such medication preventing the access of that fatal tetan-

ic symptom which, having once declared itself, leaves but little chance for skilled interference. Dr. Sormani gave confimatory proof of his thesis by cases of tetanus in hospitals, where iodoform opportunely applied saved the patients, and where, from its use having been unfortunately suspended, two lives were sacrificed.—*Lancet.*

Veneral Toxæmia.—The above title has been chosen in order to indicate a condition closely similar—in fact identical—in its clinical manifestations to what has been described as gonorrhœal rheumatism or pyæmia, urethral toxæmia, blennorrhagic arthritis, etc.; but in the case about to be described there was no affection of the urethra.

The patient, M. H., æt. 24 years, a male, was first seen by me on September 25, 1889. He was unable to retract the prepuce completely, and there was a thick purulent discharge coming from under it. The left ankle was extended, painful, and swollen. The swelling was chiefly in the tissues around the joint, and on the dorsum of the foot there was much œdema. Temperature, 103.4° F.

On September 26 the right knee-joint was greatly swollen and distended, with synovial effusion. On retracting the prepuce, there were seen two phagedænic ulcers behind the corona glandis, eating somewhat deeply into the glans, but no discharge from the urethra or pain on micturition. The case ran a course which may be shortly described as what was formerly called gonorrhœal rheumatism in a healthy young man; but the urethra was at no time affected, nor was there any history of a former gonorrhœa.

I used the term toxæmia as being more general than pyæmia, and wish to record the case as showing that a pyæmic or toxæmic condition resembling acute or subacute rheumatic arthritis may result from the absorption of morbid products in venereal cases, although the parts affected may be altogether outside of the urethra. So far as I can discover, the fact has hitherto been unrecorded.—W. Scott Lang, M. D., in *Brit. Med. Jour.*

Incisions into Soft Parts in Difficult Labor.—A bold operation is proposed by Duhrssen in the *Prager medicinische Wochenschrift*, which he professes to have performed ten times. In each case the mother was saved, but all the children died during the prolonged labor. Two of the mothers were in danger from eclampsia at the time of the operation. It is said to be indicated in old primiparæ where there is great rigidity of the parts with weak pains, when there is danger from eclampsia, after premature rupture of the membranes, when the pelvis is flattened so that the head of the child will not engage in the superior strait, and when the cervix is rigid or cicatricial as a result of venereal disease, carcinoma, ulceration, or operation. The technique is as follows: No speculum is required. The cervix is seized with the fingers or with forceps, and when the tissues are well stretched an incision over an inch deep is made towards the tuber ischii on each side, extending one and one-half inches up the vagina. The child is then easily removed. The hæmorrhage is slight and easily controlled. After the birth of the child the wounds are drained and treated with iodoform. In cases of eclampsia an anæsthetic is not necessary. The chief danger seems at first to be that of the wounds being torn to a greater depth, but Duhrssen asserts that there is no danger of this, inasmuch as the canal thus formed is sufficiently large to allow of the passage of the child's head without causing sufficient tension to tear the wounds any deeper.—*New York Med. Journal.*

Sounds at Long Distances.—The distances at which the ear can distinguish sound depends both upon the intensity of the sound and the medium through which it is transmitted, besides other causes, including the state of the atmosphere. In the polar regions Sir John Franklin conversed with ease at a distance of more than a mile. And again sounds have great force in water. Colladon, by experiments made at Lake Geneva, estimated that a bell of common size, one that could be heard a distance of three to five miles on land, could, if submerged in the sea, be heard over 60 miles. Franklin asserts that he heard the striking together of two stones in the water half a mile away. The report of a cannon travels very far because it communicates a vibration to the soil. The cannonading at Florence was heard at Leghorn, 56 miles away, and that at Genoa over 100 miles. In 1762 the report of the cannons fired in Mayence could be heard at Tinbeck, 149 miles away. When, in 1809, the cannons boomed in Heligoland, the sound was heard at Hanover, a distance of 157 miles. The greatest distance at which artificial sounds are known to have been heard was on December 4, 1832, when the cannon at Antwerp were heard in the Erzgebirge Mountains, 370 miles distant. The noise produced by the great eruption of Cotopaxi, in 1744, was heard over 600 miles.—*Republic.*

The Microscope in Diagnosis.—It is astonishing that even now, as widely used as the microscope is in pathology and in urinary analysis, is it so rarely employed as an aid to diagnosis in other troubles. The sputa and the blood contain an almost inexhaustible field for reasearch, the result of which has been to make certain facts of decided practical use. In the sputa the detection of elastic tissue by the microscope is unerring testimony of a breaking down of the lung, if such tissues be found in the expectoration continually. Again, the presence of tubercle bacilli is the first indication of bacillary phthisis, the elastic tissue and other signs and symptoms invariably following these. By the rapid staining method, five minutes suffice to

prepare for examination for tubercle bacilli. Dry lenses are made in this country of sufficient strength and definition to make the detection of tubercle bacilli easy. They have been seen with a power of 350 diameters, but with less than 500 the search is not satisfactory.

The examination of blood is not such a formidable undertaking as many think. In malaria it is of decisive importance, and although the magnifying power required is very high, still the staining procedure is simple, and the mere taking of a drop of blood from a patient's finger and spreading it on a cover glass may be done in a few minutes.

If these supposed theoretical facts of medicine were brought more into actual practice, and the microscope were used for a short time daily in the detection of these diseases, the time spent would be little and the results to an intelligent worker would be most satisfactory and certain.—Ed. *Maryland Med. Jour.*

Salicylic Acid in Soft Chancres And Syphilitic Condylomata.—In the St. Petersburg weekly *Voenno-Sanitarnoie Delo*, No. 21, 1889, p. 263, Dr. Leopold K. Golistewski, of Poti, draws attention to the abortive treatment of soft chancres according to Hebra's method, consisting in powdering the chancres with pure salicylic acid daily. Two or three applications (after previously cleaning and drying the ulcer) are said to be sufficient for transforming the chancre into a simple ulcer, which heals kindly in two or three days. In a case adduced by the author, which had remained without any treatment for fifteen days, a complete cicatrization ensued about nine days after the first powdering. The method seems to be equally successful in syphilitic condylomata, as is illustrated by a case of Dr. Golistewski in which multiple perineal warts (resisting the influene of calomel, mercurial inunctions, etc.) disappeared tracelessly in a week, after five applications of the acid. The same may be said in regard to suppurating buboes.—*Med. and Surg. Rep.*

Incompatibility of Certain Antiseptic Substances.—The *Archives de Pharmacie* points out the incompatibility of the following: Corrosive sublimate and iodine; corrosive sublimate and soap; carbolic acid and iodine; carbolic acid and permanganate of potash; iodine and soap; salicylic acid and permanganate of potash; permanganate of potash and oil; soap and glycerin.—*Med. Age.*

Salol in Burns.—Gratzer recommends a mixture of from 2 to 3 parts of salol with 50 parts of starch as an application to inflamed and painful surfaces, bruises, burns and painful skin diseases of all kinds. The relief is said to be great and very prompt. The remedy is simply dusted on the surface.—*National Druggist.*

USEFUL FORMULÆ.

Mixture for Waxy Concretions in the Ear.—The following formula is suggested in *La Clinique* with a view of facilitating the removal of accumulations of wax in the external auditory meatus:

℞ Acidi borici - - - gr. lv.
Glycerini, - - - fʒjss.
Aquæ dest., - - - fʒjss.

This should be warmed and instilled into the ear, leaving it there for a quarter of an hour, and repeating the process for a day or two. The result is to soften the plugs and make their removal comparatively easy by means of the syringe.—*London Med. Recorder.*

Iodide of Potassium.—Dr. Huchard calls attention to the administration of iodide of potassium, and, as it is used in large quantities by all physicians, it may be well to give this excellent observer's method. He thinks that the reason why it is not tolerated in some cases is nearly always because the renal filter does not work well, so that the indications are to add milk and other diuretics to its use. Dr. Huchard gives the following formula:

℞ Sodium iodide, - 5 grammes.
Arseniate of soda, - 0.05 gramme.
Extract of squill, - 0.05 gramme.
Distilled water, - 300 grammes.

M. Sig. Take two tablespoonfuls per day.

Professor Dieulafoy and Dr. Besnier also give arsenic with iodide of potassium, using as many drops of Fowler's solution as they give grammes of iodide; that is, up to five, six or eight of each. Of course after that dose the arsenic is lessened.—*Med. Bull.*

Treatment of Dandruff.—Dr. H. Laird Pearson (Birkenhead) writes the *Brit. Med. Jour.*: Personal experience enables me to recommend the following:

℞ Hydrarg. perchlor. - - - ʒss.
Glycerin, - - - - - ʒv.
Eau de Cologne, - - - ʒv.
Aq., - - - - - ad ℥xx.

M. Ft. Lotio No. 1.

℞ Beta-naphthol, - - - - ʒij.
Alcohol, ethylic, - - - ℥xx.

M. Ft. Lotio No. 2.

℞ Acid. salicyl., - - - - ʒij.
Tr. benzoin co., - - - ʒjss.
Ol. olivæ, - - - - ad. ℥x.

M. Ft. applicatio.

Wash the head thoroughly with terebene soap; rinse well, and dry with a rough towel; rub in some of the No. 1 lotion, and dry with towel; next apply lotion No. 2, and allow it to evaporate off; finally rub in thoroughly a small quantity of the oily application. The treatment should be carried out daily for a month, and then every alternate day for a fortnight. The dandruff disappears in a few days, and the hair becomes vigorous and supple in a remarkably short time.—*Med. Bull.*

ORIGINAL ARTICLES.

PHLEBOTOMY.

BY WILLIAM E. CLARKE, M.D., CHICAGO, ILL.

Read before the Chicago Pathological Society, Jan. 13, 1890.

From the earliest dawn of medical science to within the memory of some of the members of this society, blood-letting has been almost universally regarded and employed as one of the most valuable of remedies. It may be well to inquire how much the present popular disfavor of the remedy and its disuse by the profession is due to popular clamor, to the caprices of fashion, to the vagaries of pseudo practitioners, or how much to the advancement of pathological knowledge and the de ductions of sound scientific research?

Popular clamor and the blind zeal of the pseudo-scientist and misguided reformer have had very much influence in the matter. Samuel Thompson, the founder of the so-called Thompsonian system, author of "New Guide to Health and Life and Medical Discoveries," published about 1825, had a great following. A large number of illiterate men took upon themselves the title of Thompsonian doctors and commenced to practise. They all took strong ground against blood-letting and all antiphlogistic treatment.

Homœopathy has had a powerful influence upon an entirely different class—a class of much more social influence, with imaginations much more exalted, but with reasoning faculties developed in inverse proportion. Blood-letting in any form has been the salient point of all their attacks on the lines of rational practice. The secular papers took up the cry, and Horace Greeley, the sweetheart of the reformers of the period, in his capacity of editor, joined in the cry of Blanche and Tray, that the blood was the life, and to take away the blood was to take away the life.

Some thirty-nine years ago a petition was presented to the legislature of New York, praying that blood-letting might be made a penal offense. But blind and unreasonable prejudice against bleeding has not been confined to the non-professional or to the illegitimate practitioners. A few in the regular profession have vied with the charlatans in their efforts to bring this remedy into reproach.

In a paper read before the Section of Obstetrics and Diseases of Women of the American Medical Association in 1884, on "Lacerations of the Female Sexual Organs Consequent on Parturition: Their Causes and Prevention," the distinguished writer, Dr. Gross, took strong grounds in favor of the lancet. In the discussion that followed, one member, after stating that he had never bled a woman—thus virtually confessing that he knew nothing of the effects of such a procedure—advanced the argument that, according to Dr. Gross' views, a woman ought to be born with a lancet about her neck to meet the difficulty. This sage remark was received with rapturous applause, but no one ventured to inform the section whether their all-sufficient remedies, chloroform and morphia, had ever been found in that particular locality.

Another member, a gentleman of prominence in the profession, speaking of a woman who, as he expressed it, had received poison into her system and fever had been produced, asked the question, "Why bleed such a woman, lessen her vital powers, take away her blood, which is 'the life thereof'?" thus basing his pathology on the Pentateuch. In his advocacy of sedatives, he gave no reason why he did not let the life flow with all the force and volume possible instead of damming it up in the vessels of the brain by sedatives. Even he, the strongest critic of the paper, said he would bleed in some cases of puerperal convulsions. Allison, in 1856, assumed that the type of disease had changed from a higher to a lower type, and that while bleeding and other antiphlogistic remedies twenty years before were useful, at that period they were harmful.

Dr. Bennett contended that there had been no such changes in the type of diseases; that bleeding and other antiphlogistic remedies were contraindicated, in all internal inflammations, by principles of sound pathology.

To the writings of these men, together with Dr. Flint of our own country, is probably due, more than to any other respectable medical writers, the changed views among the regular profession. Still, Dr. Bennett, in the discussion with Dr. Watson on this question, agrees with the latter that we should so bleed as to secure its advantages and avoid its disadvantages.

The writer of this paper, during a stay in Washington, made a very thorough examination of the literature of this subject in the library of the surgeon-general's office. He found that the consensus of a very large majority of the eminent members of the profession who wrote on the subject, during this war on blood-letting, is in favor of it, particularly in selected cases of puerperal eclampsia. He further believes, from his clinical observation in a practice of more than forty years, that in cases of puerperal eclampsia where there is turgescence of the vascular system, or in cases of uræmia, bleeding is called for to relieve vascular tension and to remove damaged blood from the system.

In 1855 the writer reported to the Chicago Medical Society a case of eclampsia that was promptly relieved by bleeding, after chloroform had been used, only apparently to increase the plethoric condition of the patient.

The writers of that day usually described puerperal eclampsia under three distinct varieties: hysteric, epileptic and apoplectic. The position taken in the report was that chloroform was the only proper remedy in the first variety, and bleeding in the two others.

To the principles recorded in that paper the writer still adheres, and in some ten cases, four of which have been seen in company with members of this society, the

lancet has been used with happiest results. In one case, also seen with a member of this society, no blood was taken, as it was regarded as hysterical, but the convalescence was far more tedious than in any of the others. In no case coming under his observation has he seen any of the evils attributed to the abstraction of blood, but he believes that he has seen suffering and death which might have been everted by the timely and judicious use of this much abused but potent remedy, if the attending physician had not been prejudiced, or had had the moral courage to resort to its use. The attention the subject is receiving from the profession is a hopeful indication that venesection is soon to resume its place as a valuable therapeutic measure.

SMOKE, FUMES AND VAPORS IN THE TREATMENT OF CATARRH.

BY G. W. FARRAR, M.D., IRONTON, MO.

Whilst constitutional treatment is not to be ignored, there is no doubt of the peculiar importance of local treatment for catarrh as well as other diseases effecting special organs, membranes and localities. After opening the emuctories, support with tonics, stimulants and nourishments, but apply local remedies freely, come directly to the point of the attack. This is especially applicable to chronic catarrh, so prevalent and obstinate, dreaded by physicians and loathed by patients and their associates. An indication of chief importance in the treatment of such troubles is to relieve pain. The old maxim "*Ubi irritatio ibi fluxus est*" not only declares a physiological fact but points clearly to the importance of anæsthetics in therapeutics. Not only does the comfort of the patient demand their use, but the success of the treatment is involved more than is generally supposed.

One great difficulty in the treatment of catarrh is to reach the affected membrane. To come directly to the point, without showing the deficiency of other modes, I wish to urge the advantages of breathing through the nostrils, medicine in smoke, fumes and vapors. Various appliances will suggest themselves. One that I have used with satisfaction for smoke, is a small bellows used for smoking bees. In this, cotton and cotton cloths are burned with the medicines desired, blowing the smoke up the nose. Among the medicines recommended are the terebinthenates, as anæsthetics and antiseptics, cocaine, salicylic acid, carbolic acid, borax and aromatics. As anodynes, opium, belladonna, stramonium, etc. As astringents,tannic acid, alum,kino,etc. Such remedies can be used separately or combined as the case may require, and the judgment of the physician may dictate. As to the difficulty of regulating the size of the dose, I suggest that the effect should be the chief guide.

This mode of treatment will also apply to most difficulties of the air passages—the larynx, trachea, bronchi and lungs as well as to the other membranes that can be reached.

REPORT ON PROGRESS.

OTOLOGY.

BY J. B. SHAPLEIGH, A.B., M D., ST. LOUIS.

GOMPREZ (B). "SPONTANEOUS SHRINKING OF AURAL POLYPI." (M. F. O., August, 1889.)

The author has observed a case of this nature where the polypus was so large as to nearly fill the bony portion of the meatus. Under a month's treatment by inflation of the middle ear and syringing the meatus, the polypus completely disappeared. He is not at all opposed to the snare, but advises delay in its use in cases where there is no carious process or obstruction to the escape of pus until trial has been made of simple methods as above.

Small polypi may disappear under antiseptic treatment alone, but larger ones rarely do, and I must dissent from the general application of this method, except in those cases where the growths are so small as to be difficult of removal by snare or curette, and in these the instillation of absolute alcohol will materially hasten their shrinking. I see no objection to using the snare at once to remove large polypi and so accomplishing promptly the result that the let alone treatment may bring about after weeks of waiting. In those cases (the majority, I think) where it fails, the snare must ultimately be used and the cure will have been needlessly delayed.

BUCK (ALBERT H.). "BRIEF MEMORANDA IN PRACTICAL OTOLOGY."

The memoranda refer to two cases in the private practice of the author which strongly contrast the effect upon the ear of local and general conditions.

The first case was as follows: A lady, deaf in the left ear, had suffered for years with a discharge from the right ear. The hearing in this ear had been very variable, at times being so good that no attention was called to any imperfection in it, and at others so poor as to render the ear almost useless. Latterly the discharge had been more abundant, and the deafness of longer duration than usual. Once or twice during this time there was a sensation as if something had suddenly been removed from the right ear, and the hearing for a few minutes had been as good as ever. Inspection showed a small quantity of muco-pus covering the surface of a red and thickened membrana tympani. A very slight irregularity of the surface in the posterior superior quadrant was detected, and the tissue here looked more succulent than on other portions of the membrane. No perforation was seen. The probe revealed, however, the presence of a perforation in this region (post. sup. quadrant), and that a mass of granulation tissue filled the recess beyond, *i. e.*, the entrance to the mastoid antrum and the depres-

sion corresponding to the fenestra ovalis. The granulations were pressed backward so that a visible recess appeared where the granulating surface had formerly been. This alteration in position of the tissue at once improved the hearing.

The granulations were cauterized three times with a fused bead of silv nitrate at intervals of forty eight hours, and this was followed by instillations of a five grain silver solution, the middle ear pipette being used for this purpose. The ear was syringed thrice daily with warm water.

Cure was complete at the end of two weeks.

The second case complained of a very unpleasant sense of fulness and pressure in the region of the right ear, associated with an increase of an habitual naso pharyngeal catarrh and very slight impairment of hearing. The duration of the trouble was about two weeks.

The drum-membrane was noticeably shrunken and slightly congested.

Politzerization gave only momentary relief. The diagnosis was, tubal obstruction due to catarrhal swelling of the mucous membrane of that region, and treatment accordingly was begun by painting the vault of the pharynx and neighborhood of the right tubal orifice three times a week with a twenty-grain solution of nitrate of silver. At the end of two weeks there had been no change in the condition of affairs and all the symptoms were as troublesome as at first.

The patient, a physician, had noticed one or two phenomena, however, which led him to think that there was a nervous element in the case. For instance, the pressure of the steel arm of his spectacles on the skin of the right mastoid process intensified the sense of fulness in the ear. As he had suffered recently from malarial poisoning he began taking ten grains of quinine daily until he had taken ninety grains, and a slight ringing in the right ear had been induced. Under this treatment the sense of fulness and pressure rapidly disappeared, and the depression of the drum-membrane could be scarcely recognized. The author makes the following comments on the foregoing histories:

In the first place, I may be permitted to remark, in connection with the case of otitis media purulenta, that simple inspection of the drum-membrane, no matter how brilliant the illumination of this region may be, cannot always suffice to furnish us with a true and complete pathological picture. Inspection conjoined with careful manipulation of the parts is absolutely essential, in certain cases, to the correct determination of the nature, location and extent of the disease. In this particular instance, the undisturbed picture presented to the eye of the observer was thoroughly misleading.

The second thought suggested by the case under consideration is the fact that sudden and very marked changes in the power of hearing (in one ear) imply alterations in the mechanical relations of the stirrup. I am confident that alterations at the round window (*i. e.*, in or around the secondary tympanic membrane) influence the hearing power far less potently than do those at the oval window. A pad of granulation-tissue or of greatly hypertrophied mucous membrane is competent, in the absence of the anvil, to so greatly diminish the intensity of the sound-impulses which reach the stirrup that the corresponding ear can hear only the loudest tones. But if the anvil and the stirrup still retain their connections, the same mass of tissue will probably diminish the hearing-power only slightly. In the present case no trace of the long process of the anvil could be found, and the stirrup was therefore entirely shut off by the surrounding mass of soft tissue from the direct impact of waves of sound entering by way of the external auditory canal. There is another class of cases which in all essential features closely resemble the one described above, but in which the removal of the obstructions existing around the stirrup fails to establish that acuteness of hearing which from time to time so startles and delights the patient. How are we to interpret the marked spontaneous improvement which takes place in the hearing power in these cases? In my efforts to explain it I have assumed the momentary pressure of some moderately hard substance (like a flake of epidermis or a mass of hardened secretions) upon the head of the stirrup—in a word, the establishment, for a few moments, of a sort of artificial drum-membrane. Acting on this theory, I have applied all sorts of wooden, metal, and dried elder-pith contrivances in contact with the head of the stirrup, but I have never once succeeded in reproducing artificially one of those brief intervals of acute hearing.

In regard to the second case, I may remark that the part played by malaria in weakening the inhibitory power of the vaso motor nerves supplying the mucous membrane of the nose, throat and ear is something new to me. The discovery of this peculiar relationship, it has probably been remarked already by the reader, was made not by myself but by my patient. I have no doubt that many of my fellow specialists have experienced the same difficulty in their own practice, viz., the tendency to give undue weight to the purely local causes of disease.—*Med. Rec.*, Nov. 9, 1889.

PEABODY. "HÆMORRHAGES IN THE MIDDLE EAR IN FRACTURE OF THE BASE OF THE SKULL, WITHOUT EXTERNAL SIGNS OF HÆMORRHAGE."

A case of this nature was reported at the stated meeting of the Practitioners' Society of New York, Oct. 4, 1889, by Dr. Peabody.

The patient had sustained an injury to the head from a fall. When admitted to the hospital on the day following the injury he was very deaf and complained of severe pain in the right parietal and occipital region.

"The use of the ear speculum showed a small hæmorrhage in the periphery of the membrana tympani anteriorly, and elsewhere in the periphery there was visible an abundance of venous blood on the inner aspect of the membrane."

Two weeks after the accident the pain had entirely

disappeared, but the deafness continued quite marked though less than at first. The blood was still visible through the membrana tympani.

Dr. Walker had met with a similar case. A boy, æt. 6 or 7 years, had fallen from a high stoop. As there were some cerebral symptoms he examined for injury to the skull. He found the middle ear filled with blood, as shown by the congestion and appearance of the tympani membrane. In this case the blood remained for fourteen days. Patient recovered. He had no external bleeding, no hæmorrhage into the eye or the orbital or nasal cavities, and diagnosis of fracture of the base was made on finding blood in the middle ear.

Dr. Sexton said that in rare cases where there was thickening of the drum-head it would be pretty hard to tell whether there was blood in the middle ear or not. —*Med. Rec.*, Nov. 2, 1889.

Gruber (Prof. Jos.). "Malformation of the Auricle."— *Vienna Hospital Reports*, 1888.

Gruber describes the case of a school-girl, æt. 12 years, who was brought to him by her parents in reference to the performance of an operation upon her deformed auricle. The patient was the eldest of four children. The third child had a similar malformation, and was deaf. In both the intelligence was good. The parents were perfectly healthy. The mother was æt. 22 when she married, and 23 when the patient was born. The pregnancy had run an ordinary course.—*Med. Chronicle*, October, 1889.

Cozzolino. "Accidental Perforation of the Round Window."

The author attempted to destroy some adhesions in the middle ear of a woman, æt. 20 years, who had suffered from otitis media purulenta. In consequence of an unexpected movement the galvano-cautery penetrated the round window. A clear, serous fluid, having all the characteristics of perilymph, escaped. In consequence of the sudden lessening of the intra-labyrinthian pressure, the patient was relieved of the tinnitus and vertigo from which she had suffered before the operation.

The author asks if this accident does not point to a new therapeutic procedure to be used in extreme cases.

The article may be found in the *Bollettino delle malattie dell' orecchio, della gola e del' naso*, May 1, 1889.—*Annales des Maladies de L' Oreille et du Larynx.*

Massini (G.). "Anæsthetic Action of Electric Currents in Otology."

In the same journal (number for November 1, 1888) is an article by Massini, with the above title, in which the results of his attempts at producing anæsthesia of the drum-membrane are given.

His method is to fill the external meatus with a solution of cocaine, and then to pass a continuous current through it, one pole being placed on the back of the neck and the other in the fluid, by means of a suitable speculum.

Massini employed a current of moderate strength (exact measure not given), and allows it to pass from two to twenty-five minutes. The strength of the solution is from 2 to 10%.

His results were as follows:

In a normal ear a solution of cocaine (2%) and a current of 15 minutes' duration produced such an insensibility of the membrane that it could be touched with impunity. The same solution without the current applied for 30 minutes did not modify the sensibility at all. A 10% solution produced the same result in five minutes, and paracentesis of the membrana tympani could be painlessly performed. Finally, this same solution with a very weak current caused the pain of otalgia to entirely cease in less than five minutes.

Analogous results were obtained with solutions of morphine, but the time of application was very much longer, and complete anæsthesia very difficult to obtain.

Gradenigo (J.). "Frequency of Ear Affections."

The author has compiled the following tables from examinations made by him in the ophthalmic hospitals of Turin and Padua.

The percentage of persons affected is perhaps higher than it would be were the subjects found in the ordinary surroundings.

A complete objective and functional examination of each ear was made, and only those who showed an appreciable loss of hearing for the voice were classed as defective.

One hundred and nineteen persons were examined, fifty-four men and sixty-five women. Of the men, thirty-three or 61% showed diminished hearing in one or both ears; of the women, twenty, or 40%. Apparently, then, males are more liable to these troubles than females.

In regard to the effect of age, we have the following tables showing that the relative frequency increases with the age.

Males.

Age.	No. examined.	Normal.	Defective.	Per cent.
10—20 years.	17	8	9	52.9
20—40 years.	16	9	7	43.6
40—60 years.	14	4	10	71.4
60—80 years.	7	0	7	100.0
Females.				
10—20 years.	23	17	6	26.0
20—40 years.	17	12	5	29.3
40—60 years.	25	10	15	60.0

Of the causes of the deafness, chronic middle ear catarrh holds easily the first place, being found in 28 out of the 53 cases of defective hearing. In those cases considered as normal there was very generally a difference in the acuity of hearing for the two ears, viz.:

Males.	Females.
Right ear=left—3 times.	R.=L.— 5 times.
Right ear>left—9 times.	R.>L.—18 times.
Right ear<left—9 times.	R.<L.—16 times.

ABSTRACTS.

A DISCUSSION OF RENAL SURGERY.

By H. G. Harvey, A.M., M.D.

A debate on the surgery of the kidney was opened by Henry Moore, M.A., etc., in the section of surgery at the annual meeting of the British Medical Association, held in Leeds, August, 1889. Mr. Moore discussed the subject under the following headings:

1. The various ways in which renal calculi are imbedded in the kidney require special precautions whilst operating.

2. Tubercle of the kidney, as well as suppurating foci due to other causes, may give rise to the same tactile impressions as small calculi.

3. Tubercular disease of the prostate is a source of fallacy in diagnosing renal calculi.

4. Nephrectomy is of very doubtful value in advanced tubercular renal disease.

5. Lumbar nephrectomy is the proper treatment for advanced hydronephrosis, and for large collections of fluid behind the peritoneum, the result of lacerated kidney. In these cases, nephrectomy, without previous incisions or drainage, should be more frequently resorted to than has been the practice hitherto.

6. Nephrorrhaphy for movable kidney is of great service.

7. The changes which the perinephric tissues undergo under long-continued irritation sometimes render the search for the kidney very tedious and difficult, and, may be, even ineffectual.

1. Calculi are imbedded in various ways and consequently some are more difficult to discover than others. A calculus in the parenchyma toward the posterior surface of the kidney is easily detected by the finger, whilst the kidney is supported anteriorly by the hand.

If similarly located in the anterior part of the organ it is necessary to free the anterior surface and pass the finger-tip over this surface while, the patient resting on his back, the kidney is supported by the psoas muscle and the spinal column.

Sometimes a small portion of the kidney is found soft, flaccid, thin or fluctuating, and there is nowhere any sense of hardness or increased resistance, such as might be expected even from a phosphatic stone. Pus or purulent urine is drawn off, but no stone is felt; on introducing the finger, however, a small calculus might be detected, freely movable within an enlarged pelvis, or fixed in a dilated colyx or recess in another part of the kidney. Such cases show that one should not be satisfied with anything short of a digital examination of the interior of the pelvis, of the calyces and of the commencement of the ureters.

Another arrangement is sometimes found in the sacculated kidney. The cavity may be wholly or partially filled with a mortary, phosphatic calculus which gives no evidence of resistance to the scalpel or trocar, and yet on inserting the fingers a stone of considerable size may be found and the entire cavity lined with a layer of mortary concretion.

A large-branched calculus may be so tightly embraced, and the surface of the kidney be so uniformly even that nothing more than a very firm, tough organ may be thought to be present. The sense of a tough fibroma is imparted by the exploring needle. In such a condition an incision should be made into the kidney, and it will have to be moderately free in order to dislodge the stone. Some of the large branches are apt to escape detection unless the operator is aware of the firmness and closeness with which they are embraced; they should be very carefully searched for.

When a calculus is fixed in a recess of a kidney of normal size and consistence and is surrounded by a thick layer of renal tissue, its detection is impossible unless it be accidentally struck with the probe.

In calculous pyonephrosis it may be difficult to seize a stone weighing even a drachm or more. A case is related where a stone, weighing 84 grains, disappeared after the evacuation of a large quantity of purulent urine, and only after a long search was it rediscovered in one of the large recesses of the renal pelvis, masked by a blood clot.

2. A deposit of tubercle, or a small abscess just beneath the renal surface may, from the hardness and outline give the same tactile sensation as a calculus. It has been possible on several occasions to correct the diagnosis arrived at previous to exploration by remembering the difference in appearance of a tubercular kidney and one the seat of a calculus; in the former case there is a yellow-whitish mottling, or the starred, fissured pallid surface; in the latter there is the uniformly even and uniformly dark red color of the kidney. Clinically an important differential sign of diagnosis between calculous and tubercular disease is the tenderness under pressure so frequently felt in the former.

3. Two cases of tubercular disease, one of abscess, and another of calculus of the prostate, were mistaken for diseases of the kidney. A careful examination *per rectum* of the prostate and vesiculæ seminales should be made. The urine should be passed in three portions and each examined microscopically. When the prostate is affected, minute worm-like threads of mucus visible to the naked eye are often to be seen, and the urine is slightly acid, neutral or slightly alkaline; in tubercular disease of the kidney the urine is unusually acid, unless both kidneys are affected, and contains a large quantity of pus.

4. Excepting in quite early stages of tubercular disease nephrectomy is of very doubtful value; in advanced cases it is useless and dangerous. With symptoms of

the disease of one kidney lasting for some months or even for one or two years without enlargement of the prostate, vesiculæ seminales, vas deferens, or testis of the same side, by removing the kidney we may take away the whole of the parts affected by the disease; still we take the risk of acute tuberculosis of the lungs,or of the remaining kidney setting in during or after convalescence is completely established.

5. Repeated tappings for hydronephrosis are unsatisfactory, and nephrectomy is frequently followed by a urinary fistula in the loin. There is the same inconvenience following the tapping, incision and drainage treatment in cases of collection of fluid behind the peritoneum, the result of injury to the kidney. Providing the other kidney is working well, nephrectomy is advisable. In cases of injury to the kidney, where the amount of fever and local inflammation contraindicate nephrectomy, free incision and drainage secure safety and immediate relief. Happily, these urgent cases are the ones most likely to recover without leaving a fistula.

But in cases where the collection of urine behind the peritoneum is slow, without fever or much inflamma tion, and the kidney on being exposed is found lacerated and raised forward with the peritoneum, immediate neprectomy is best. Subsequent nephrectomy may be impossible on account of the matting of the perinephric tissue with the organ.

6. Nephrorrhaphy for movable kidney is excellent treatment. The disagreeable and painful symptoms attending the conditions are relieved completely. Three kangaroo tendons are used for fastening the organ. Each is buried for a length of three-fourths of an inch, and penetrates for one-half inch into the substance of the kidney after passing through the muscles, fascia and divided capsule. This operation is much more satisfactory than the one in which the sutures do not enter the substance of the kidney.

7. The perinephric tissues, in consequence of long-continued irritation, undergo changes of much significance to the surgeon. Suppuration, diffused or circumscribed, may be found. In other cases a condensed, tough, grizzly, fibrous tissue encases the kidney, or fixes it to the parietes, the under surface of the diaphragm or to the spleen.

If a former operation has been done, if there is atrophy from any cause, or if calculus has long been present, the perinephric tissue is prone to become so altered in structure, so inseparably adherent to the kidney, that it may be impossible to make out the kidney at all.

Bennett May, M.B., etc., had operated on fifteen cases for stone. He differentiates varieties of cases, depending on the way the stone is imbedded in the kidney. Those in the parenchyma are of slow growth mostly, of oxalate of lime, circular or pyramidal, and occur in young males. The kidney remains apparently healthy, even in a late stage of the disease. The most reliable diagnostic test is pain on deep pressure over a small area below the last rib. Pus is commonly absent, or present only in small amount. There may be microscopic traces of blood, or blood in considerable amount after exercise. These calculi are difficult to find, but the most perfect results follow their removal.

Stones in the pelvis are usually much larger and are of quicker growth. Pus is an early and prominent feature, and the kidney soon changes structurally. The stones are easily found, but recovery is apt to be imperfect.

A small stone loose in the pelvis may act as a ball-valve and cause dilatation of the kidney. His experience in regard to proposition No. 7 corroborated that of Mr. Morris.

Dr. David Newman's experience had been mostly with movable kidney. This malposition is more frequent and its symptoms graver than is ordinarily suspected. But of twenty-seven cases he had seen, only seven required operative interference. The distressing symptoms are relieved in a great majority of cases by the application of a well-fitting elastic bandage with an air-pad.

Early diagnosis and successful treatment of renal calculus go hand in hand. In sixty cases of nephro-lithotomy after suppuration had begun, there were twenty-six deaths; in forty-two without suppuration there was not a death.

Nephrolithotomy was deemed advisable in one case, but was refused by the patient. After a month's rest in bed the renal colic and hæmaturia disappeared and the general health steadily improved. After three months he was allowed to move about moderately, and three years later he seldom complains of any discomfort. Rest in bed for a considerable period should be tried before assuming even a moderate risk of nephrolithotomy.

Lawson Tait gave a list of seventy-four operations on the kidney; four simple exploratory incisions with no death; forty-four nephrotomies, one death; twenty-two nephrectomies, four deaths; one incomplete operation, the patient afterwards dying of the disease; nephrorrhaphies three, no death. Death rate, 8.1%.

"I do not know any subject on which more nonsense has been written than that of "movable kidney." I have said over and over again that, in my experience, all enlarged kidneys become more freely movable in the horizontal direction than they are normally. The condition of "mesonephron," which we know only in museums, is not a matter of surgical importance—it certainly never has yet been proven to be.

"The kidney is best reached by the most likely looking road, different patients presenting great varieties of conditions.

"The broad conclusions I draw from my experience so far are that all tumors of the kidney, all suppurating kidneys, and all kidneys with persistent, incurable and unbearable pain in them, should be exposed by incision in them, laid open, and thoroughly explored by the finger-tip. Stones may be then removed, abscesses drained, and hydatid or cystic growths removed with trifling risk. If this treatment be carried out early I believe it will be successful in the great bulk of the cases, and

the removal of the organ will rarely be required to be resorted to save in the case of sarcomatous growths. Even in them sometimes mere exploration leads in a mysterious way to a cure."

W. Bruce Clark called attention to the severe symptoms which a very small stone may occasion.

As to tubercular kidney, unless it is perfectly clear that the other is not involved, drainage from the loin is the most appropriate treatment.

After nephrectomy the edges of the capsule should be stitched to the skin after the pedicle has been secured. The wound heals readily and if any pressure is required later on to check hæmorrhage the pedicle can be more easily reached by this plan than by any other. Besides there is no chance of the ureter infecting the general character of the wound.

Mr. Kendal Franks thought that when renal calculus had been diagnosed and could not be found, after exposing the kidney by careful digital manipulation and systemic exploration with a long needle, the kidney should be incised, and further search for the stone be prosecuted. It is better to find the stone while the kidney is *in situ* than when it is on the dissecting table. Mr. Frank has adopted this proceeding with marked success.

Mr. R. Lawford Knaggs said in a case of nephrectomy for medullary carcinoma, after the operation the passage of small quantities of bloody urine constituted the most marked symptom and caused the opinion that the other kidney was congested. At the necropsy the kidney was found perfectly healthy, but the bladder contained clots; it was evident the bloody urine was due to hæmorrhage of the diseased kidney during the manipulation of removal.

Dr. Francis Imlach thought that where a kidney is riddled with pus it is best to remove it, but this is not a comon condition. In hydronephrosis, where the kidney grows as large as any ovarian tumor, it is customary to remove the organ. It is an easy and safe operation, but emptying and drainage might be sufficient. A large proportion of the renal tissue remains healthy, though it is spread out, and such a kidney is by itself an efficient excretory organ. He had experience of a case in which the other kidney was no bigger than a bean.

Eating Before Sleeping.—A recent writer says that the view that brain-workers should go supperless to bed is not good advice. Most medical authorities of the day think it wrong. It is a fruitful source of insomnia and neurasthenia. The brain becomes exhausted by its evening's work and demands rest and refreshment of its wasted tissues, not by indigestible salads and "fried abominations," but by some nutritious, easily digested and assimilated articles. A bowl of stale bread and milk, of rice, or some other farinacious food, with milk or hot soup, would be more to the purpose. Any of these would ensure a sound night's sleep, from which the man would awaken refreshed.

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., Editor. W. C. MARDORF, M.D., Associate Editor.

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SATURDAY, FEBRUARY 1, 1890.

Preventive Medicine.

Dr. G. W. Graves, in the *Pacific Med. Jour.*, for January, has an article upon "Preventive Medicine and Gratuitous Practice," in which he pays considerable attention to certain paragraphs occurring frequently in addresses upon State Medicine, and with less regularity in the various medical publications, of which the following extract from the *South. Cal. Pract.*, may be considered a fair specimen: "Preventive medicine is fast becoming a power in the land. The prevention of disease should be the central aim and object of all physicians."

While this is all very nice and very inspiring to contemplate, we do not believe that this idea will dominate the medical profession to the exclusive extent suggested, until there is a radical change in the methods of remuneration for medical work, until there is a more hearty co-operation by the people, and a more generous appreciation of the value of such services. The history of the Missouri State Board of Health will serve to show how highly (?) the average State Legislature realizes the necessity for, and importance of such a body, and how earnest (?) the manner in which its efforts are seconded by appropriations of sufficient size to enable it to render efficient services. But Missouri is not the only state in which such things can be pointed out.

Perhaps we may in time revert to the custom of the Chinese who pay their physicians only for the time that they enjoy health, and who compel their physicians to recompense them whenever they fall ill. This system could only be effectual, however, after epidemics have become a thing of the past, for an epidemic such as the grip would plunge the physician into the deepest mourning, if not into a state of absolute bankruptcy.

At the present time there is a great amount of practi-

cal work in the direction of preventive medicine being done by individual physicians, who do not even have the satisfaction of knowing that their efforts are recognized, leaving aside entirely the question of a money consideration. This individual work will, no doubt, be carried on by all intelligent practitioners in the future, just as it has been done in the past, to a reasonable extent, without hope or expectation of recompense. We say to a reasonable extent, for no one can afford to devote himself entirely to preventive medicine unless he has at his command a private fortune, which is not often the case; we trust that we shall not be considered mercenary if we repeat that, in the struggle for existence, medicine must be regarded as being to a considerable extent a business, into which the element of money enters as a not unimportant factor, just as in any other.

Another phase of preventive medicine, to which a recent editorial in the *Times and Register* calls attention, is that of individual prophylaxis.

It is a common occurrence with life insurance examiners, after finishing a physical examination, to be asked what the results are, and if the reply should be that the subject is in an excellent state of health, to receive a rejoinder that it is worth while to undergo an examination of that kind occasionally with the sole object of ascertaining that fact. Probably few who make this remark fully realize its truth and justice.

To quote from the *Times and Register*: "Boiler experts and bridge experts and ship experts are not expected to pump out and raise the sunken vessel, or to rebuild the ruined structure, or gather together the remnants of the bursted boiler; but their duty is to guard against these accidents. Such, too, in his own department should mainly be the employment of him who is skilled in medicine.

"Are there not myriads of instances in which an ounce of prevention would have been worth not only a pound of cure, but worth the inestimable value of a human life? The diseases illustrative of this are many, such as, certain heart and liver affections, consumption, diseases of the nerves and bones, Bright's disease, and diabetes mellitus, glaucoma, otitis media, and malig nant growths of various kinds."

A peculiarity common to most diseases of the heart is that they have no marked subjective symptoms, and the afflicted person knows nothing of the abyss over which he stands. He forges ahead through life at the same high pressure as he whose vital machinery is in perfect order, until some day this central organ, persistently overtaxed, strikes against work. And so it is with the other diseases mentioned; their beginning is small, and they are allowed to advance unnoticed and unhindered, until presently the disease is beyond remedy.

"The point it is desired to make is this: the great importance and advantage to each individual of having himself subjected to a thorough periodical inspection by a good physician. Let the habitat of a human life receive attention at least equal to that which an ordinary boiler gets. Let him be examined from head to foot, and his condition fully stated, should that be deemed proper.

In such a way could many of these insidious, long-standing and troublesome, dangerous or fatal diseases be warded off, ameliorated or cured; and surely the sum of life and human happiness would thus be greatly increased."

The Cyanide of Mercury and Zinc Dressing.

The cyanide of mercury and zinc dressing of Sir Joseph Lister, which was described in a former issue of the Review, has been accorded a quite general trial, and so far as we know it has met with approval, though, of course, it is much too early to make any authoritative statements concerning its precise value. For the benefit of those who are unable to obtain the material ready for use, as well as a matter of general information, we give here the manner in which the cyanide is prepared. Cyanide of potassium, cyanide of mercury and sulphate of zinc are mixed together in solution in quantities proportioned to the atomic weights of 2K Cy, $HgCy_2$, and $ZnSO_4$ $7H_2O$; the cyanide of potassium and cyanide of mercury being dissolved together in an ounce and a half of water for every 100 grains of potassium cyanide, and added to the sulphate of zinc dissolved in three times that amount of water; the precipitate is collected in a strainer, and, when well drained, is washed with two successive portions of water equal in quantity to that used for the solutions, namely 6 ounces for every 100 grains of cyanide, at least this amount of washing being essential in order to free the precipitate sufficiently from the highly-irritating soluble salts which are associated with it in its formation. The precipitate having been thus washed and drained, but not dried, it is thoroughly diffused with pestle and mortar in distilled water (six ounces for every 100 grains of potassium cyanide), containing in solution one part of hæmatoxylon to every 100 parts of the cyanide salt, the amount of which is known from the circumstance that the dry product of cyanide salt is almost exactly equal in weight to the cyanide employed. The cyanide salt, while it precipitates the hæmatoxylon, changes its color to a pale bluish tint. This is advantageously enhanced by the addition of a little ammonia to the mixture, in the proportion of one atom of ammonia (NH_3—17) to each atom of hæmatoxylon ($C_{16}H_{14}O_6 3H_2O$=356). More than this amount proves prejudicial. The dye is further economized by allowing the ammoniated mixture to stand for three or four hours, and stirring it occasionally, so that the ingredients may react thoroughly upon each other. If the mixture is filtered immediately, there is a considerable loss of coloring matter. The dried salt, having been drained and kept at a moderate heat, is levigated, and may then be kept for any length of time fit for use.

When employed for charging a dressing, it is diffused by means of pestle and mortar in a solution of bichloride

of mercury (1 to 40,000) in sufficient abundance to drench the fabric thoroughly, for which 4 imperial pints to 100 grains of the salt will be found adequate. This will give a percentage of between two and three of the cyanide to the dry gauze. As previously stated, the gauze should be used moist; and if it be prepared for immediate use, as by the dispenser of a hospital, the process of drying may be omitted, the gauze after being hung up for a while to drain, being deprived further of superfluous moisture by placing it for a while in a folded sheet. It may afterwards be conveniently kept moist by wrapping it in a piece of mackintosh cloth. When obtained dry from the manufacturer, it should be moistened again with the weak corrosive sublimate solution before it is used.

Indecent Advertisements.

We see from an editorial in a recent number of the *British Medical Journal*, that the English Parliament, at its last session, passed an act dealing with the above subject. The act came into operation on January 1, 1890, and provides that any person shall, on summary conviction, be liable to a penalty not exceeding 40 shillings, or 10 dollars, or in the discretion of the court, to imprisonment for a period of not longer than one month, with or without hard labor, who affixes to or inscribes on any house, building, etc., visible from any public highway or footpath, or delivers or attempts to deliver, or exhibits to any person being in or passing along any street, public highway, or footpath, or throws down the area of any house, or exhibits to public view in the window of any house or shop any picture or printed or written matter, which is of an indecent or obscene nature.

It is also expressly declared that any advertisement relating to syphilis, gonorrhœa, nervous debility, or other complaint or infirmity arising from or relating to sexual intercourse, shall be deemed to be printed or written matter of an indecent nature within the meaning of the act.

The person who gives or delivers to any other person any such indecent picture, or printed or written matter, with the intent that the same should be so affixed, inscribed, delivered, or exhibited, is liable to a penalty of £5, ($25) or in the discretion of the court, to imprisonment for a term of not more than three months, with or without hard labor. Further, any constable or other peace officer is empowered to arrest without warrant any person whom he finds committing any offense against the act, and proceedings may be taken against offenders in the courts of summary jurisdiction, that is, in London, the police court.

This act appears to be very comprehensive, and if it is enforced with any degree of persistence it should result in checking very materially the evils against which it is directed. Of course, it rests with each individual magistrate to decide what is a decent and what an indecent picture within the meaning of the act, and this will add an element of uncertainty to the case, but all in all the act will doubtless effect a great change for the better.

Though there is much of this indecent advertising being carried on in the United States, we cannot but believe that it is kept greatly in check. Infractions of the law are but rarely very flagrant, and are punished as well as law and evidence will permit. While matters are susceptible of considerable improvement, still we do not think that there is much room for complaint on the score of improper administration of the laws; the difficulty lies rather in the fact that habitual violators of the law conduct their affairs with great circumspection, so that convictions are but rarely obtainable.

MEDICAL ITEMS.

Typhus Fever in New York.—Several cases of typhus fever recently developed in New York, in passengers who had lately arrived from Antwerp.

Astonishing.—An esteemed contemporary heads an article thus: Foreign comments on the "La Grippe." And this from the Paris of America! We shudder to think of it.

The Jugulation of Erysipelas.—Dr. T. H. Milliken of Philadelphia believes that erysipelas can be jugulated by painting with a mixture of two parts of campho-phenique to one part of olive oil, once every three hours. He has used it in several cases with surprisingly good results.—*Cin. Med. News.*

A Member of The Profession Honored.—Surgeon Crimmin of the Indian Medical Service has been presented with the Victoria Cross by command of the Queen of England, for "bravery displayed in devotion to duty when serving with the 27th Beloochis at the action near Lwekaw, in Eastern Karenni."

Glycerol of Pepsin in Vomiting.—Another agent has been added to the list of "infallible" remedies for vomiting of pregnancy. Dr. W. T. Kohr, of Boston, writes to the *Medical Age* that, having a case of vomiting in pregnancy, and all other remedies having failed to control, he attained final success by means of glycerol of pepsin.

Worthlessness of Sulphur Fumigation.—It appears that the prevailing method of disinfection by means of burning sulphur is considered by some of the leading bacteriologists as of less value than it has heretofore been considered. Dr. J. G. Johnson read a paper before the Kings County Medical Society, December 17, 1889, in which he stated that he had proved the present system of fumigation as worthless for the destruction of disease-germs; that the fumes of burning

sulphur do not penetrate woolens as disease-germs do. He also stated that he had propagated diphtheria from the clippings of blankets after they had undergone a thorough process of fumigation by burning sulphur. Dr. Prudden, of the New York City Board of Health, appears to have come to the same conclusion, and in both New York and Brooklyn currents of steam are recommended for disinfecting purposes instead of burning sulphur.—*Med. Rec.*, January 4, 1890.

Smallpox Imported in Egyptian Rags.—At the Seymour Paper Mill, Windsor Locks, Connecticut, smallpox has been reported. Two out of the eighty females employed in the rag-sorting room are down with the disease. Egyptian rags are said to be the commodity handled by the persons who took the disease, and yet the mill proprietors assert that a thorough disinfection was reported before the goods were allowed to land.

The Value of a City's Refuse.—The value of the refuse of a great city is seen in the fact that the New York Street Commissioner has given a contract to trim the garbage scows to an Italian, who agrees to pay the city $1,552 per week for the privilege, or $80,764 yearly. The privilege was sold last year for $1,101 per week. The contractor employs men to pick over the refuse while trimming the scows, and from what they hand over to him he is able to secure a large profit.

Death of Dr. J. P. Kingsley.—We are called upon to perform the sad duty of chronicling the death of Dr. J. P. Kingsley, formerly Professor of Physiology, and Clinical Lecturer of Diseases of Children, at the Missouri Medical College.

Dr. Kingsley never wholly recovered from the severe injury to the head that he received at the hands of an assassin some years ago, and his death was probably the result of this.

He was ever cheerful,and whole souled,andkindly disposed toward and beloved by everyone who knew him.

A Physician's Dangers.—Dr. D. Maury, of Atlanta, suffered a severe misfortune lately, says the *Dixie Doctor*. He was treating a babe with ophthalmia of the new born, and also a case of gonorrhœa. In some way he inoculated his left eye with a particle of matter, although he had as he thought most carefully cleansed his hands. A destructive inflammation followed, endangering his life and resulting in a total loss of sight in the affected eye, the right one being with great difficulty saved. This only illustrates the dangers and risks to which physicians are liable in their practice and for which they receive not the least appreciation, much less compensation.

Culpable Experimentation with Hypnotism.—In one of the law courts of Helsingborg, Sweden, a clear case of hypnotism has puzzled the judges. A young medical student brought suit against a practicing physician in the town for having hypnotized him several times against his will, with the result that his nervous system was injured and his mind was somewhat enfeebled. Several witnesses appeared for the plaintiff, and, to the astonishment of the court, they all appeared to be crazy, and gave the most contradictory and astounding testimony. Hereupon a medical gentleman came upon the stand and further astonished the court by the announcement that his confrère, the defendant, had hypnotized the witnesses and made them say just whatever he liked. Finally the court adjourned the case and appointed a commission to see if the entire crowd were not crazy.—*J. A. M. A.*

Boric Acid and Alcohol in the Treatment of Acne.—Dr. Sarah E. Post states in the *Med. News* that she has had great success in the treatment of acne vulgaris by the use of the following method: The face is bathed at night in hot water containing a few drops of ammonia; no soap is used; it is then rinsed in cold water, and dried. The solution is then applied, being sopped on with the corner of the handkerchief, or soft, clean rag. In the morning the solution is again applied, without washing the face, and also several times during the day if the skin becomes moist. In very bad cases it is her custom to apply a little ether and remove the comedones with the extractor at the time of the visit. Within a week great improvement would be obtained. The solution consists of half an ounce of boric acid in eight ounces of alcohol, to which a little perfume may be added, if desired. Unlike most applications to the skin, this forms an elegant toilet preparation.

Important to Biological Students.—$400 in Prizes.—From a desire to verify his own researches as to the causes of failing nutrition in aging organisms, the undersigned hereby offers three cash prizes of $175, $125 and $100 for the best three comparative demonstrations, by means of microscopical slides, of the blood capillaries in young and in aged tissues, canine, or human.

By young tissues (canine) are meant tissues from animals between the ages of one and three years.

By aged tissues (canine) are meant tissues from animals not less than twelve years of age.

By young tissues (human) are meant tissues from subjects between the ages of ten and twenty years.

By aged tissues (human) are meant tissues from subjects not less than sixty-five years of age.

While a preference will be given to demonstrations from human tissues, it will be possible for work in canine tissues to take the first and, indeed, all of the prizes. But of two slides equally well done in all respects, one canine the other human, the latter will be given the preference. Canine tissues should be from large animals.

Twelve slides from young and twelve from aged tis-

sues must be submitted by each competitor, together with a full description of the subjects, methods pursued and every detail and circumstance which is likely to throw light upon, or account for, any peculiarity. The slides are for comparison as to the condition of capillary circulation, the young with the old, and should be in numbered pairs, or groups from the same kind of tissue. The term tissue is used in a general sense, e. g., pulmonary tissue, hepatic tissue, renal tissue, osseous tissue, muscular tissue, nerve tissue, alimentary tissue, etc.

No particular schedule of methods for injection, or staining, will be insisted upon, and no more definite directions, or explanations will be given.

The slides, carefully packed and boxed, together with descriptive manuscript, can be sent by mail.

It is stipulated that the demonstrations which receive the prizes, shall become the property of the subscriber, for publication. All others will be returned, if desired.

No pseudonyms required. Accompany slides in every case, with (real) name and address. Unless of known reputation as a biologist, a reference is respectfully solicited.

Reservation: no award will be made unless work of at least ordinary merit is submitted.

This offer is made on the first day of January, 1890, and will remain open until the twentieth day of August, 1890.

Slides and manuscript will be examined and receipted for as soon as received.

The prizes will be adjudged on the first day of October, 1890.

These nominal prizes are offered less in expectation of results from the money as an agent, than in the hope that the offer may furnish a *point d'appui* for really needed work. Besides professional observers and students, there are in the United States a large number of amateur microscopists of acute vision and undoubted talent, who are at present playing with microscopes, as with toys, merely to see curious or pretty things. The time has come to concentrate observation upon the one proper object of biology, viz., the renovation and prolongation of human life. Address

C. A. Stephens' Laboratory,
Norway Lake, Maine.

"The Longevity of the Jews," says Dr. Hasmes, "has long been demonstrated by statistics. In Prussia, the cradle of Judaism, there are three still born Christians to one Jew; the Christian mortality is 23 per cent, Jewish, 15 per cent; from one to five years, 36 per cent of Christians die against 25 per cent of Jews; and at Furth the average duration of life is twenty-six years among the Christians and thirty-seven among the Jews. Hence, the Jew is a better subject for assurance, which, by the way, he perfectly understands, and takes for heavy sums."—*L' Avenir Economique.—Sanitarium.*

CORRESPONDENCE.

SULPHONAL IN ALCOHOLISM.

St. Louis, January 24, 1890.

Editor Review.—Having seen nothing in the journals in regard to this subject, I am led to think the following may be of interest: January 13 I was called to see Mr. ——, æt. 35 years. Said he had been on a spree for nearly two weeks. He was extremely restless and had hallucinations; was suffering with insomnia, although he slept several hours the night before after drinking a considerable quantity of whisky. Sulphonal in 18 grain doses was ordered. One powder was taken at 3 p. m., and two more between that hour and 9 p. m. I feared the effect would be too much delayed to be of any service, but he slept well all night and till the middle of the forenoon, awaking much refreshed and not at all nervous. There were no unpleasant after-effects. Dr. W. W. Todd recommended this treatment, having used it with good results recently in a case of alcoholism.

1602 N. Taylor Ave. H. G. Harvey.

WARNER'S SAFE (?) CURE.

Kansas City, Mo., January 15, 1890.

Editor Review.—The formula of "Warner's Safe (?) Cure," published in the Review of the 4th inst., is either incorrect or Mr. Warner succeeded in making the German authorities believe his nostrum composed of entirely different ingredients. The formula given by him and verified by the German Government chemists was as follows:

℞	Extract Bugle Weed, -	grains,	308.
	Extract Liverwort (the herb),	"	232.
	Extract Wintergreen, - -	"	7½.
	Potassium nitrate, - - -	"	39.
	Alcohol (90%), - - -	℥,	2½.
	Glycerine, - - - -	drams,	10.

Water, q.s. to make one bottle.

If we must have "Warner's Burglar-Proof Cure," let us have it correct. Yours truly,

M. H. Farmer.

TRI-STATE SANITARY ASSOCIATION.

Wheeling, West Virginia, January 21, 1890.

Editor Review.—Arrangements have been completed to hold a Tri-State Sanitary Convention at Wheeling, W. Va., February 27 and 28, 1890.

Representatives will be present with papers and addresses from Pennsylvania, West Virginia and Ohio. The object of the convention is to consider the question of floods and their results from a sanitary standpoint, and the best methods of managing the sanitary interests of a given community after such a calamity.

Owing to the mutual relations held by these

three States with reference to large rivers and the numerous towns in each one of these States, that are annually affected by floods and their results, it has been thought wise to hold a convention for studying how best to manage the sanitary interests of cities and towns so affected.

Every person interested directly or indirectly in this important subject is earnestly requested to be present and assist in discussing the papers and add whatever information he can to the solution of these practical and most important questions, affecting as they do the health and lives of thousands of citizens of these three great commonwealths annually.

Very Respectfully,

George I. Garrison, Secretary.

Note.—Reduced rates of transportation have been secured over all lines controlled by the Central Traffic Association in the three States named on the certificate plan.

Application has been made to the Trunk Line Association for like favor.

SOCIETY PROCEEDINGS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Dr. B. F. Baer reported two cases of

Vaginal Hysterectomy for Epithelioma of the Uterus.

I have had two cases of vaginal hysterectomy for cancer during the year, which I wish to place on record in connection with the case which has just been reported.

Mrs. H. was brought to my office by Dr. J. P. Pyle, of Wilmington, on February 1, 1889. Patient æt. 36 years, married; had six children. The last child was born seven weeks before I saw the patient. The labor, which was premature—seven and a half months—was difficult but not instrumental. The patient stated that she suffered unusual pain during the first stage of labor. cutting and tearing in character; then the child was expelled suddenly, considerable hæmorrhage attending the expulsion. The child died ten hours afterward. She remained in bed not longer than the usual period after the labor, and then went about feeling as well and strong as after her former labors. So far as she knew she had been perfectly well until some time in October, when she began to have a profuse watery and fetid discharge from the vagina. She did not have any hæmorrhage or pain until the onset of the labor, nor did she have any unusual flow after the labor, the main symptom of which she complained being the fetid watery discharge. For this she consulted Dr. Pyle about a week before I saw her, who correctly diagnosticated epithelioma of the cervix.

On examination I found a cauliflower-like mass as large as my fist distending the upper portion of the vagina and growing from the neck of the womb. The nodules were not friable and no hæmorrhage attended the examination. The body of the womb was greatly enlarged, but it was apparently perfectly mobile. The tissues exterior to the uterus were free from infiltration so far as could be determined. The vagina was apparently not involved.

In view of the above physical condition I advised hysterectomy, and the operation was done two days later, on February 3.

I began to operate by removing the degenerated tissue with the curette and scissors. This was necessary to gain room and to protect against infection, the parts being constantly irrigated with a 1 to 4,000 solution of the bichloride of mercury. I then proceeded by cutting through anterior to the uterus. The vessels were large and the tissues soft, spongy, and vascular, as was to be expected seven weeks after labor, when involution had not been entirely completed. After the peritoneal cavity was opened I passed in two fingers and enlarged the opening by tearing from side to side. I then cut through posteriorly. I did not cut at the side of the cervix because it was now found that the vaginal wall was involved to a slight extent at this region on either side, and for the further reason that the parts were so vascular that free bleeding occurred when a cut was made. One blade of Doleris' clamp was then passed along the posterior surface of the right broad ligament and the other anterior, and made to grasp the uturus as close to the side of the pelvis as possible. The lower part of the ligament was then severed with scissors so for as it was grasped by the clamp. This gave more room so that I was enabled to pass my finger within and over the Fallopian tube, when I found that the latter was not grasped within the clamp. This was now secured with a Wells' pedicle forceps and then severed. I now passed the second clamp over the left broad ligament, and began cutting on the other side in the same way as far as I could reach with the scissors. By great effort the uterus was then pulled down outside of the vagina, when it was finally severed. There was some general oozing, but I did not lose any time in trying to ligate the vessels, as there did not seem to be anything but this general oozing. I packed very firmly with iodoform gauze.

The patient stood the operation well, but died four days afterward from peritonitis.

My second case was not an operation of election.

I saw Mrs. S., a patient of Dr. L. P. Reiman, in February, 1889. Patient æt. 49 years, married; had two children, the last one nineteen years ago, after normal labors. The menopause had not yet occurred.

She had enjoyed remarkably good health all through life until the following symptoms began to develop:

One year previous to the above date she found that she was flowing more freely at her periods, and during the previous six months she had had several attacks of severe flooding. During this time she began to lose flesh, and had lost probably thirty pounds; but she still presented an appearance of ruddy health, without the slightest sign of cachexia.

Examination revealed the cervix to be the seat of a carcinomatous growth, cauliflower in form, and involving slightly the left side of the vagina. There was no evidence of infiltration of the lymphatics or the other tissues outside the womb, that organ being mobile, except at the point of involvement of the vagina, where the infiltration appeared to extend deeper than the tissues of the organ. For this reason especially I advised simply curretting and cauterization, for the purpose of modifying the hæmorrhage and prolonging the patient's life. During the operation I accidentally punctured the posterior wall of the vagina, and my finger entered Douglas' cul-de-sac. I then decided to remove the uterus, and I therefore hooked my finger over the body of the organ and brought it down through the opening which I had inadvertently made. The broad ligaments were ligated with silk ligatures and the vagina tamponed with iodoform gauze.

The patient made a good recovery from the operation, and for a time was greatly benefited; but a letter received to-day from Dr. Reiman informs me that the disease is returning at the side of the vagina, and that the patient is greatly emaciated and in a very bad condition generally, having a cough and hemoptysis also. She will probably die within a short time.

Basing my opinion upon my own experience I am inclined to look with disfavor upon this operation. I, of course, at the same time recognize that these are not proper test cases. I believe if I were to be called upon to-morrow to decide in a case of epithelioma of the cervix, the body of the womb not being involved, I should advise the high amputation of the neck and not hysterectomy. I have a number of cases in my mind now where amputation of the cervix, simply, has resulted in apparent cure of the disease, for after several years—in one case four or five years—the disease has not returned. Of course if it were found during the operation that the disease had extended to the body of the womb it is likely I should complete the operation by removing that organ, provided there was not infiltration of the tissues outside.

Dr. Geo. E. Shoemaker.—It would be interesting in all cases to know the result several years later, but especially after vaginal hysterectomy. Hofmeier has published statistics showing that the duration of life after vaginal hysterectomy is less than after the various partial operations, such as Schroeder's. After a lapse of four years not one case on which vaginal hysterectomy had been performed was living, while 41% of the cases which had had some operation similar to that described by Dr. Baker was still in good health. All the cases were operated on by the same man, at the University Frauen Klinik, in Berlin. The total number of cases was one hundred and twenty-nine.

It seems to me that it cannot be certainly shown that the lymphatic glands high up are not involved. If all the diseased tissues are not removed, vaginal hysterectomy is no better than the so-called partial operations. If you get the case in the early stage, the partial operation is thorough; but if the case is not seen in the early stage the most thorough operation is not sufficient.

Dr. G. Betton Massey.—It may be of interest in this connection to refer to the electrical treatment of cancer, in regard to which there has been considerable hopeful expression in England. I have tried this treatment in two cases of cancer of the cervix. One was seen a year ago in January, with a cavity two inches in diameter, involving the whole cervix, the uterus being fixed and the whole pelvis infiltrated. I persuaded her to go to a surgeon, but he declined to interfere. She was then put upon positive galvanic-caustic applications of the cavity. The current's strength was usually 150 milliamperes. The result was that the hæmorrhage immediately ceased. The horrible odor was, in the course of four or five applications, almost completely removed. Appropriate washes were used at the same time, but these had had no affect before. They brought away large quantities of white crumbly material. The treatment was continued three times a week for three months, the extreme pain of which she complained being relieved for twenty-four hours after each application. At the end of that time the cachexia was not improved and a cavity with hard edges existed where the carcinoma had been present. She was then advised to go to the country where she died three months later. This case had lasted a year and a half when I saw her first. The best that can be said of the treatment is, that it palliated the symptoms most remarkably, and possibly prolonged life.

In the second case the disease is not so far advanced. One treatment has stopped the hæmorrhage aud relieved the pain to a great extent. The case is still under observation.

Dr. John C. Da Costa.—I would suggest that where the epithelioma is confined strictly to the neck of the uterus the high amputation will answer the purpose in cases where there is sound tissue that can be reached above the diseased mass. By cancer, I do not mean supposed cases of mere erosion or ulceration, but those in which the history, symptoms, appearance and the microscope all pronounce it cancer. Some five years ago I began the thorough and high amputation, and have done the operation several times, and in no case so far has there been return of the disease. I make a wedge-shaped incision in the sound tissue, carrying it up into the body of the uterus until healthy tissue is reached. This is known by the appearance of the tissue and the diminution in the bleeding. There are then two modes of proceeding: one that I used was suggested by the president of this society, and consists in the application of a mixture of bromide, iodine, carbolic acid, and alcohol; the second method is to stretch the mucous membrane across the wound as far as possible and tack it together. When the caustic is used, it is necessary to protect the vagina, and the case has to be treated every two or three days. Where the mucous membrane is drawn over the wound there is no more trouble than after a simple amputation of the cervix. There has been recovery in every

case. I offer this as a procedure which might be employed in cases where hysterectomy might imperil the woman's life. Where the pelvic glands are involved no operation will cure.

Dr. D. Longaker.—Some years ago, the late Marion Sims advised the use of a strong solution of chloride of zinc. In the *American Journal of Obstetrics*, in 1884, Dr. Van de Warker enlarged upon this method and reported a number of cases. Four or five years ago I operated by this method in a case of large epitheliomatous mass of the cervix. This was removed with scissors and curette and the cavity filled with cotton saturated with a 50% solution of chloride of zinc. After some days a slough extending up into the cavity of the uterus came away. The result was that the woman was completely cured. I saw her a year ago and there was no return of the disease.

(TO BE CONCLUDED.)

SELECTIONS.

TREATMENT OF MEDICAL EMERGENCIES—SYNCOPE-APOPLECTIC SEIZURE—CONVULSIONS—LUNG HÆMORRAGE—NASAL HÆMORRHAGE—GASTRIC AND INTESTINAL HÆMORRHAGE—ASPHYXIA.

BY JAMES TYSON, M.D.,

Professor of Clinical Medicine, University Pennsylvania; Visiting Physician to the Hospital, etc.

The surgical emergency has been the subject of numerous addresses and papers, but the medical emergency has rarely, if ever, received systematic consideration. Yet the instances in which it demands treatment are scarcely less numerous than in the case of the former. By medical emergencies I mean (1) syncope or fainting, (2) the apoplectic seizure, (3) the convulsion, whether caused by epilepsy, Bright's disease, peripheral irritation, or hysteria; (4) the lung hæmorrhage, (5) the nasal hæmorrhage, (6) the gastric and intestinal hæmorrhage, and (7) asphyxia or suffocation.

Beginning with the simplest of these emergencies, the fainting fit, it may be defined as a state of sudden unconsciousness, accompanied by extreme feebleness in the heart's action. It is the result of some profound impression upon the heart, either directly or through the nervous system. The former has its illustration in the effects of embarrassment of the heart's action from diseased muscle or valves, and is by far the most serious form of syncope. Similar is the effect, too, in certain drugs, as aconite. The latter or indirect (through nervous influence), is seen in the effect of fright, extreme pain, fatigue or mental emotion, excited in various ways, as by the sight of blood during an operation, or by witnessing suffering in another; excessive heat operates similarly to produce fainting. As an intermediate cause, operating either directly on the heart or through the nervous system, or both, is hæmorrhage.

1. In fainting, unless it be fatal syncope, the heart does not cease to beat. Its action is simply so feeble, and the quantity of blood it jets out is so small, that not sufficient is sent to the brain to maintain consciousness, or to the arteries to produce a pulse. The loss of consciousness is, therefore, also preceded by blindness, and if standing, the victim falls heavily to the ground. The effect on the pulse at the wrist is either to cause an entire absence or extreme smallness. There is also extreme pallor and lowered temperature. The duration of the attack is various, from a few seconds to many hours, or more rarely the patient never comes out of it, as where it is due to heart disease, as the fatty heart, aconite poisoning, or hæmorrhage—fatal syncope.

In the treatment of syncope, the first step is to place the patient in a recumbent position flat in the back, with the head low. The clothing should be loosened around the neck and body, the access of fresh air should be freely permitted and to this end persons should be kept at a distance. Diffusible stimulants, as aromatic spirits of ammonia, and brandy or whisky should be administered, or strong ammonia may be inhaled. Cold water may be dashed in the face, the respiration being thus excited and in turn the heart caused to beat. If recovery ensues, the heart's beat becomes more distinct, the pulse reappears at the wrist, and consciousness slowly returns. It is only in cases where the heart is too badly damaged, as where there is fatty metamorphosis of the muscular fasciculi, or its valves are badly diseased, or where too much blood is drawn off, that resuscitation fails to take place.

The extremest measures required to overcome syncope are those employed in the resuscitation from drowning, the consideration of which scarcely comes within the purpose of the present paper, although such an accident is truly a medical emergency.

2. The apoplectic seizure is a more dangerous condition. Accompanied like fainting by unconsciousness as an essential symptom, it is due to a very different cause. There is here too much blood in the brain, either within or without the bloodvessels. In treating it the patient requires to be bolstered up, the head high and the blood kept out of the brain as much as possible. In the true apoplectic seizure with even a moderately strong pulse, blood is to be taken from the arm freely, sixteen ounces or more. Simultaneously an aperient, which in the absence of consciousness must be one of which the dose is small, as one-sixth of a grain of elaterium in pill or powder, or a couple of drops of croton oil in a teaspoonful of sweet oil or glycerine. A large enema to which an ounce of turpentine is added, is useful. Ice to the head—an ice cap—may be of use. Of less service is counter-irritation to the nape of the neck or the temple by a blister.

3. There is no symptom more alarming than the convulsion. Beginning with a distortion of the counte-

nance, due to clonic muscular contraction of the face muscles, which rapidly invades the entire voluntary system, and is as promptly followed by unconsciousness, the victim mostly falls heavily on the floor, although he is sometimes warned by an aura which permits him to seek a place of safety. Serious injury, and even death, may be caused by the fall itself.

In treatment, the first steps are measures to prevent the biting of the tongue, which is unfortunately often too early a result to be averted, being caused by a primary and sudden closure of the jaw muscles. A piece of wood, a clothes-pin, or a cork secured so as to prevent its being swallowed, or a towel thrust into the mouth will answer the purpose. Then the patient's clothing is to be loosened, as in fainting, and he is to be restrained from such motion as may result in further injuring himself.

Additional treatment depends much upon the cause of the fit. If it is due to epilepsy, the above includes about all that can be done, as we know of nothing which will shorten such a convulsion, and I am speaking now of the treatment of the fit itself, not its prevention. If due to reflex irritation, as teething in children, or an overloaded stomach, the gums should be lanced in the former instance, and vomiting secured in the latter. The difficulty is to introduce the emetic, but frequently irritation of the fauces by the fingers or a feather will have the desired effect. Should the fit continue, a movement of the bowels should be brought about by an enema. In all cases in children, immediately after the cessation of the fit, if the bowels have not been moved during it, an aperient should be given to remove irritating matter in the alimentary canal, since this may avert a recurrence. Among such irritating matter are to be included the various intestinal worms.

If the convulsions are due to Bright's disease, a more active treatment is necessary. If it be puerperal nephritis, in addition to the measures taken to protect the tongue, the first step is undoubtedly to bleed from the arm, and if the convulsions continue, chloroform should be inhaled. The same effect is often as well obtained by chloral. Indeed, the action of this remedy is often magical in controlling a convulsion. It is best administered by enema, and 60 grains may be thus given without hesitation, to an adult, and smaller quantities proportioned to the age to those who are younger. Even in Bright's disease not due to pregnancy, when the pulse is full and strong, blood may be taken from the arm, or if it is feared to do this, a hypodermic injection of pilocarpine, ¼ grain, repeated in a few minutes if not followed by sweating; or if this be not at hand, a hot air bath or a steam bath. The latter is easily extemporized by filling bottles with hot water and wrapping them in cloths wrung out in hot water, and placing as many as possible alongside of the body and between the legs. The sweating thus induced may be kept up as long as the convulsions last or recur. An enema should also be administered if it is known that the bowels have not been recently moved.

The hysterical convulsion requires a different treatment. First, as to its recognition, which is important. It is always less sudden than the epileptiform convulsion, however induced, and, unlike the latter, also, is apt to be preceded by some premonitory symptom, such as a sense of suffocation or extreme nervousness, and, unlike the epileptic, the hysterical girl is not apt to fall in any place, but topples over in a situation where she cannot be harmed by the fall. The convulsion may be ushered in with a sharp cry, but the patient never bites her tongue like the epileptic. Nor need we be afraid that she will otherwise injure herself. Very characteristic of the hysterical convulsion is opisthotonos, the patient often resting on her heels and the back of her head forming thus with her body a complete bow. Although there is often an indescribable appearance of conscious action in the behavior of the subject of the hysterical fit, there is, nevertheless, as often an insensibility to painful impressions which is astounding. Thus a pin may be plunged deep into the flesh without exciting response, and pinching may be practiced mercilessly and the patient is not disturbed. Electricity, either in the shape of the direct galvanic current, occasionally interrupted, or of faradization, is, however, often felt, and will generally cause the convulsion to cease. In other cases less unusual measures are sufficient, such as douching the patient with cold water, especially if the water be allowed to fall from a height. When the convulsion subsides it is apt to do so rather suddenly without an intervening period of drowsiness or sleep, as is the case with the epileptic convulsions. The possibility of mixed epileptiform and hysterical convulsions is to be remembered.

4. The next of the medical emergencies to be considered is the lung hæmorrhage. It may be worth while to state that hæmorrhages from the lungs, which are in the main confined to tubercular consumption, occur in two different stages of the disease, and have a very different significance. They may occur early, when the bloodvessels in the neighborhood of a tubercular infiltration, weakened by a tubercular deposit in their walls, yield to a distention from collateral hyperæmia. In such a case the hæmorrhage is rarely large, and so far from being harmful is often a relief to a congestion producing dyspnœa and oppression. The greatest danger is the irritation, or even inflammation, which may be brought about by the presence of small coagula in the bronchioles and their insufflation into still previous air-vessels. This danger escaped, the hæmorrhage is harmless.

The second form of hæmorrhage is much more serious. It occurs late in the disease and is due to ulceration through the coats of a blood-vessel of considerable size, the vessel being either in the walls of a cavity or traversing it. Such a hæmorrhage is dangerous and not infrequently fatal. Prompt measures are therefore to be taken to relieve it. The thorax should be kept raised and absolute quiet should be observed. This is further secured by a full dose of an opiate if it be well borne by

the patient. Of internal remedies the time-honored one of common salt is of uncertain value, but in the absence of anything else may be swallowed in the dose of a teaspoonful, repeated in a few minutes if the hæmorrhage continues. Gallic acid in 15 grain doses every ten or fifteen minutes is a more rational measure, and should be substituted for the salt as soon as it can be obtained. Hypodermic injections of ergotin in doses of five to ten grains in water may be given simultaneously, and should be repeated twice daily where the tendency to hæmorrhage continues. Their object is to bring about contraction in the blood-vessels. Other astringents, such as acetate of lead, in 3-grain doses may be used under the same circumstances, as it would not be safe to use this drug in any quantity sufficient to bring about an immediate effect. The application of cold over the bleeding site is especially recommended by German clinicians, but one must be sure first of the situation, which is not always easily ascertained. Sometimes the patient is able to indicate it quite precisely, at others not. Sometimes auscultation may discover subcrepitation over the seat of hæmorrhage. Cold should be applied in the shape of ice in bladders or rubber bags, so that the clothing shall not become damp, or of cloths wrung out in cold water. A more extreme measure, to be resorted to when others fail, is to throw a ligature around the larger limbs cutting off the return of blood by the veins while the outflow through the arteries is still permitted. Such a course will withdraw blood from the lungs and lessen the tendency to hæmorrhage.

5. Hæmorrhage of the stomach and bowels occurs usually either in cirrhosis of the liver or in typhoid fever. When due to cirrhosis the hæmorrhage is either from the stomach or upper part of the intestine. When due to this cause it is more apt to be a capillary oozing, although sometimes quite copious. Under these circum stances blood is both vomited and discharged by the bowel. Such hæmorrhages are not infrequently a relief to the portal congestion. Often they may be permitted to subside of themselves. When treatment is required it is more promptly efficient than that for hæmorrhage from the lungs, because more directly reached. Tannic acid may be given in 15 grain doses every ten or fifteen minutes, or at longer intervals, according to circumstances. In the absence of this drug even alum may be used in the proportion of a teaspoonful to a glass of water, and taken in four doses at short intervals. Hæmorrhages from the lower bowel occur from typhoid fever and are much more dangerous. The immediate cause is ulceration through a blood-vessel of smaller or larger size. They are always regarded as a serious complication of typhoid fever, but recovery is still not infrequent. Serious symptoms are a reduction in temperature, loss of pulse, and other signs of collapse.

Hæmorrhages from the bowel are treated by absolute quiet, cold compresses, or ice-bags to the abdomen, and the use of food the most bland and unirritating. Indeed, the intervals between food should be made as long as possible. It is doubtful whether drugs administered by the mouth reach the seat of hæmorrhage in typhoid fever, but tannic acid may be given as in hæmorrhage from the stomach, large doses being very much more apt to enter the bowel.

6. Nasal hæmorrhage frequently calls for the physician's aid. It occurs also in connection with typhoid fever and cirrhosis of the liver, but also in association with heart disease, and sometimes cannot bo accounted for. The simplest measures for its relief are snuffing up cold water or solution of alum in water, a teaspoonful in eight ounces, injecting hot water into the nasal passages, and the use of ice externally. The dropping of a cold key down the back of the neck is a domestic remedy whose success is not without a rational explanation. The sudden impression of the cold key through a reflex action may cause a contraction of the blood-vessels, and then the hæmorrhage ceases. Plugging the nares with a Bellocq's canula or other means should be practiced when all else fails.

The checking of nasal hæmorrhage, or, indeed, of all hæmorrhage, is aided by keeping the patient quiet in bed, and sometimes when there is tendency to recurrences it is necessary to keep him on his back for several days.

6. Suffocation or asphyxia, for whose relief the physician is often called, is a term applied to the effects of suspended breathing, whether the result of interference with that function or of the introduction of the so-called irrespirable gases, by which are meant gases incapable of oxygenating the blood, although in the case of many there is added a specific poisonous effect. The former include such gases as hydrogen and nitrogen; the latter carbonic acid, carbonic oxide, chlorine, sulphuretted hydrogen, and chloroform vapor. Submersion in a liquid medium, as in drowning, acts similarly. In fact, it is for asphyxia due to such causes as the irrespirable gases and drowning that the physician is called. Sometimes it is on account of obstruction of the air-passages by foreign bodies, or, as in the case of the new-born infant, of pressure on the trachea and thorax. The phenomena first noted are those of forced respiration accompanied by forced lividity of the skin and mucous membranes. The increased effort at breathing is due to the circulation of non-oxygenated blood through the medulla oblongata, which is the respiratory centre, as well as irritation of the peripheral branches of the vagi. These phenomena are succeeded by convulsions if the patient is not relieved, and finally the respiratory centre becomes paralyzed. This termination is, however, not only subsequent to the paralysis of the reflex convulsive centre (the spinal cord), but also to the brain lesions. Hence the patient remains conscious almost to the end, or, at least, until the convulsions set in.

The successful treatment of asphyxia depends upon the fact that the heart continues to beat long after respiration ceases, and upon this fact, too, depends the wonderful capacity for resuscitation which exists in these apparently drowned or otherwise apparently dead from suffocation. The first indication is, of course, to supply oxygen, the want of which is responsible for all

the symptoms. If there is obstruction in the air-passages by a foreign body, it must be removed, or tracheotomy must be performed. If the action of the muscles of respiration is interfered with, the interfering cause must be removed. If the patient is in an atmosphere of scanty oxygen or of irrespirable gases, he must be removed to fresh air. In slighter degree of aspyxia, such as are seen in the new-born infants, slapping the face with the bare hand or with a wet towel, or dashing cold water upon it will often have the effect of exciting the breathing act and of aerating the blood. If these measures are insufficient, then artificial respiration must be practiced by some one of the usual methods, as that of Sylvester or Marshall Hall. In apparent drowning, faradization or galvanism of the phrenic nerve may be used, especially one pole being placed over the nerve as it crosses the scalenus muscle at the root of the neck, and the other at the epigastrium. Finally, disagreeable as it is, I am confident I have seen mouth to mouth insufflation in the new-born infant produce the first stimulus to inspiration which was the initial element in resuscitation. In the case of others, of course, as the apparently drowned, at any age, it is not to be relied on. *Univ. Med. Mag.*

CHLORALAMID AS A HYPNOTIC.

BY W. HALE WHITE, M D., F.R.C.P.,

Senior Assistant Physician to, and Lecturer on Materia Medica and Therapeutics at Guy's Hospital.

In his exhaustive account of many of the new hypnotics, Professor Leech says of chloralamid that the observations upon it are so far few in number. I have recently given it to twenty patients suffering from various illnesses, in all of whom insomnia was a troublesome symptom. The drug produced comfortable sleep in all the patients except two; one of these was suffering from delirium connected with cerebral hæmorrhage, and the other was admitted with rheumatic fever complicated by delirium tremens and salicylic poisoning. Both these patients died shortly after admission. It is noteworthy that some of the other patients were suffering from extremely painful diseases, and yet chloralamid produced sleep. Probably the house-physicians, sisters and nurses are the best judges of hypnotics, as they see the patients frequently during the night. They all tell me that those who take chloralamid sleep well and comfortable after it, and the sisters of the three wards in which I have used it tell me that the patients sleep better after chloralamid than after any of the hypnotics which have been introduced during the last few years. My own experience and what the patients themselves tell me certainly agree with this. In none of the twenty patients to whom I have given it—and many of them have taken several doses—have any effects followed that can be looked upon as contra-indications to its use. Never have I observed any depressing results, nor has headache followed its use. The time which elapses between its administration and the commencement of sleep varies between a quarter of an hour and two or three hours. If it is given in the evening, when once asleep the patient usually sleeps quietly till morning.

Some writers have stated that occasionally after a dose in the evening the patient does not go to sleep till the morning, and remains asleep all the day. This was so with one of my patients; but it must be remembered that, as the drug is feebly soluble in water—twenty grains take five hours to dissolve in two ounces of water—it is often given as a powder with some milk. It was administered in this way to patients who slept the next day, and I should think that some of these cases of delayed action were due to delayed absorption. Now, I always prescribe it with spirit—twenty grains will dissolve in one dram of rectified spirit in fifteen minutes, and water may be added to this solution without reprecipitating the drug. A good way of giving it is to tell the patient to dissolve it in a little brandy, add water to his liking and drink it shortly before going to bed. If given in milk, not only is it insoluble, but it is difficult to swallow, for it sticks to the sides and bottom of the glass. The taste is slightly bitter, but by no means disagreeable. It should never be prescribed with alkalies, for they decompose it, nor should hot water be mixed with it for it decomposes at 148° F. For an adult twenty to sixty grains—the exact amount depending upon the cause of the insomia—is the dose; usually thirty grains will suffice. It has the advantage over sulphonal that it is only half the price, and it has the great advantage over paraldehyde that it has no nasty smell or taste, nor is it difficult to dissolve.—*Brit. Med. Rec.*

TREATMENT OF HAY FEVER.

In the *Archives of Laryngology* Dr. Ruault details the methods of treatment which, in his hands, have had the greatest success in the treatment of hay fever, whenever such surgical intervention was not necessary, or was inopportune.

Among the internal medicines, quinine may be useful when employed at the proper time and in sufficiently active doses, but he advises antipyrine, which, in sufficient doses, three grammes (forty-eight grains), for example, for an adult (two grammes taken at once in a quarter of a glass of Vichy, and one gramme taken in a like way a quarter of an hour afterward), may sometimes prevent the explosion of disease, if taken just shortly before its appearance, or greatly moderate it, if taken a short time after its appearance.

Among external remedies the nasal irrigations, lukewarm, antiseptic, especially the aqueous saturated solution of boric acid (thirty-three to one thousand), the inhalation of vapor of water, to which tincture of benzoin has been added, seem very useful.

Cocaine enables us sometimes to arrest the paroxysms almost instantaneously, especially if made use of at the

outset. In order to have a chance to succeed, strong solutions must be used (one to five). Dr. Ruault uses the following formula:

℞ Cocaine Chlorhydrate, - grammes, 2.
Glycerine, - - - - " 4.
Aq. Distill. q. s. to make 10 Centimetre Cub.

M. As soon as the paroxysms appear, the whole nasal mucous surface, as far as it can be reached, is painted with this mixture with a soft brush; a second application is made five minutes after the first. As patients who treat themselves make these applications usually very incompletely, it is better to direct them to use a good rubber insufflator, and to throw in the following powder:

℞ Cocaine Chlorhydrate, - grammes, 2.
Benzoin, finely pulver, - - " 6.
Sacch. Alb., finely pulv., - " 2.
Mix thoroughly and make fine powder.

Not only may the cocaine modify the severity of the paroxysm, but its action may be more lasting, and in two instances M. Ruault saw the disease arrested for the whole season after a few insufflations. Thus, not alone may the vaso-constrictive action of the cocaine be lasting, but it may also cause the disappearance, for a long time, and perhaps indefinitely, of the hyperæsthesia of the mucous membrane, which forms part of the malady known as hypertrophic rhinitis.—*Jour. de Med. and de Chir.—Cin. Med. News.*

REMARKABLE INSTANCES OF ANTIPATHY.

Amatus Lusitanus relates the case of a monk who would faint on seeing a rose, and never quit his cell when the flower was blooming. Orfila, a less questionable authority, tells us of Vincent, the painter, who would swoon when there were roses in a room, even though he did not see them. Valtaid tells of an officer being thrown into convulsions by having a pink brought to his chamber. Orfila also relates the case of a lady æt. 46 years, a hale, hearty woman, who, if present when linseed was being prepared for any of its various uses, would have violent coughing fits, swelling of the face and partial loss of reason for the next 24 hours. Hinting at these peculiar antipathies and aversions, Montaigue remarks that there have been men who more feared an apple than a cannon ball. Zimmerman tells of a lady who could not bear to touch either silk or satin and who would shudder and almost faint if by accident she happened to touch the velvet skin of a peach. Boyle records a case of a man who would faint when his room was being swept, and of one who naturally abhorred honey. Hippocrates mentions one Nicanor who would always swoon at hearing the sounds of a flute. A lunar eclipse caused Bacon to completely collapse, and the sight of roast pig had the same effect upon Vaughelm, the famous German sportsman. The editor of "Notes for the curious" has a sister who will not stay in a room where a watermelon is being sliced, and who, although she has long since grown out of all other fanciful whims says that she has never been able to look upon that delicious product of the vine without feeling as though an emetic had been taken. So, too, the writer knows a youngster, away up in the teens, who, in counting, will not say "18," and thinks no more of saying 17, 19 than the average person would of saying 17, 18, 19. He says that the bare thought of the objectionable figures makes him feel the same in the stomach and gives the same sensation that swinging to a dizzy height does, *i. e.*, a sort of an "all-gone" feeling.—St. Louis *Republic.*

STATISTICS OF HUNCHBACKS.

Ten years ago this present month, in December, 1879, a remarkable character died in Paris. He was known all over France and the greatest part of all Europe, as "The Learned Hunchback." He was very wealthy and spent a mint of money in the last 50 years of his life, traveling in all directions making researches concerning his hunchbacked brethren. It was in the milder portion of Europe that he found the misfortune the most prevalent. Spain supplied the greater number, and in a circumscribed locality at the foot of the Sierra Morena he found that there was one humpbacked person to every 13 inhabitants. They were also found to be quite numerous in the Valley of the Loire in France. The little humpbacked statistician came to the conclusion, that, taking the world over, there was one humpback in each 1,000 inhabitants, or an aggregate of 1,000,000 against the estimated thousand millions of the entire earth.

After the death of the eccentric individual his heirs found in place of a will a voluminous manuscript of 2,000 pages, all concerning humps. The last page, although it said nothing about the disposition of property, expressed the author's wish to have a hump of marble raised over his grave with this inscription: "Here lies a humpback who had a taste for humps and who knew more about them than any other humpback."—St. Louis *Republic.*

Naphthaline as an Internal Antiseptic in Typhoid Fever.—I think it is scarcely realized that naphthaline is one of the most perfect antiseptics and germicides we possess. One crystal, when placed in 3 or 4 ounces of urine, will stay the conversion of urea into ammonium carbonate for days, and even weeks, and this in spite of the fact that it is more insoluble in water than camphor.

The great insolubility of naphthaline in almost all available solvents has been the great detriment to its more general use, but in the case of typhoid this insolubility should be rather a recommendation, as it would pass undigested through the bowels. At the same time it would be desirable to use a finely-precipitated naphthaline, and not the rather hard and sharp crystals which constitute the ordinary drug. Such a precipitate

is easily procured by dissolving it in glacial acetic acid or strong alcohol (it being very soluble in either) and pouring the solution into cold water, which is kept stirred. The resulting precipitate is well washed and dried at a gentle heat. Experience only will determine the dose, but I would hazard the suggestion that small doses frequently given would be the mode in which its full antiseptic effect would be brought into play. I have taken two-grain doses every hour, the only observable results being deodorizing of all fæcal matter. It has a rather pronounced odor of tar and violets, but, strange to say, hardly any taste. If it is necessary to give it in the liquid form it would be best given dissolved in some fixed oil, which can be then emulsified and flavored to disguise the odor, *e. g.*:

℞ Naphthalinæ, - - - grs. xvj.
Ol. amygdal. dulc., - - - ʒ iv.
Solve.

Et adde
Pulv. gum acaciæ, - - - ʒ j.
Syr. aurantii, - - - - - ʒ j.
Aquæ, - - - - - - - ʒ iij.

Ft. emulsio S. A.—Chas. R. C. Tichborne, Ph. D., L.R.C.S.I., in *Medical Press.*

A Formula for Asthma.—The causes of spasmodic asthma may be either direct or indirect; and when the disease occurs during the middle period of life, it is usually of a persistent form, and is accompanied more or less frequently by bronchitis and emphysema. It is said that asthmatics very seldom die during a seizure; but in almost every instance death results from one of the complications of asthma, viz., bronchitis or emphysema. Both the direct and indirect causes of an attack are numerous, and although the asthmatic may be taught to avoid many of them, yet they are so abundant and varied that it is almost impossible for him to conduct himself so prudently as to escape them all.

Attacks of spasmodic asthma may often be controlled by dry-cupping, morphine and other antispasmodics. The greatest chance of relieving the disease depends upon the influence which can be exerted upon the bronchitis and emphysema. For this purpose I have found nothing equal to the following:

℞ Syrupi hypophosphitum comp., fʒ jss.
Syrupi acidi hydriodici, - - fʒ vj.
Extr. euphorbiæ piluliferæ fluid, fʒ vj.
Extr. nucis vomicæ fluid, - fʒ j.
Syrupi simplicis, - - - fʒ j.
Aquæ destil, - - - - fʒ ij.

M. et sig. A tablespoonful every two hours. Shake well.

This mixture is usually tolerated well by the stomach, and I have seen both the bronchitis and the emphysema yield under its influence, while the intervals between the attacks of asthma have become very much lengthened.—J. B. Johnson, M.D., in *Med. and Surg. Rep.*

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West Virginia	Thomas A. Harris	Parkersburg.
Wisconsin	J. T. Reeve	Appleton.

The Arrest of Growth in Cancer by the Interrupted Voltaic Current.—In the *London Lancet* for November 30, 1889, Dr. Inglis Parsons thus describes the technique of the method introduced by him, reference to which has previously been made in the Review: The patient is anæsthetised; the current is then passed through the tumor and all the tissues for some inches round it by means of fine insulated needles, so as not to injure the skin. A battery of seventy cells, with an electro-motive force of 105 volts, is used; the intensity of the current to commence with is ten milliamperes, gradually increased to 600 milliamperes, and flashed through the growth in every direction from fifty to 100 times, according to circumstances. The pulse and respiration are carefully watched. One out of the four cases treated (a woman æt. 63 years, with extensive carcinoma of the left breast, a presystolic bruit, and weak intermittent pulse) was unable to stand more than 250 milliamperes, and for this reason: when the current is applied to the left breast electrical stimulation of the heart occurs, and if this organ is healthy an increase in the strength of its contraction appears to take place after its passage; but with the patient who had cardiac disease the improvement only continued up to a certain point, and the intermittency increased and great irregularity occurred.

Wholesale Official Prescribing.—We notice with considerable surprise the publication in the daily papers of a prescription for the threatened epidemic of influenza, which is said to be by the sanction of the

Board of Health. We trust we have been misinformed on this subject, as the so-called remedy is not only of no good whatever, but its use as directed is liable to be attended with great danger. Here is the prescription in question.

"For Russian influenza or 'grip'—spray the affected membrane with a 10% solution of quinine freely and frequently, and take four or five times a day a pill made as follows: Quinine, 3 grains; camphor, ½ grain; extract of belladonna, ¼ grain."

Very many of the pharmacists about town have properly refused to make up the prescription, and very many patients who believe in wholesale cheap prescribing may follow the directions to their sorrow. We cannot believe that the publication of this is made by the authority of the Health Board. If it is, the Board owes an explanation and apology to the profession and the public. —*Ed. Med. Rec.*

Why Two Ears are Necessary.—Sound travels by waves rediating from a central point of disturbance, just as waves radiate when a stone is dropped into still water. So far as the hearing of each individual is concerned, waves move in a direct line from the cause of the sound to his ear, the impact being greatest in the ear that is nearest the source. This being the case a person who has totally lost the sense of hearing in one ear, although he may imagine that the defect is of but little consequence, cannot locate the direction of a sound to save his life, even when the center of disturbance is quite close to him. Blind persons learn to estimate distances in a surprising brief period after losing their sight, but experts on diseases of the ear say that persons wholly deaf in one ear can never learn to estimate the direction of a sound.—*Republic.*

Curetting for Dysmenorrhœa.—The operation may be performed upon the bed, without assistance and without narcosis. After thorough washing out of the vagina, the uterus is drawn down by a bullet forceps, and the uterine cavity is gradually curetted by a long-handled sharp spoon. Then the cavity is washed out with Bozeman-Fritzch's catheter, when an injection of ferrum chloridum is made. The curetting must be preformed thoroughly and systematically. The patient must remain in bed a week after the operation, with water-compresses or ice-bags upon the abdomen. Contra indications—para and perimetritis; incomplete knowledge of antiseptics by the operator.—*Arch. Gynœcology.*

Pilocarpin in Gall-Stones.—Dr. Lekarskie considers pilocarpin almost a specific in the treatment of gall-stones, basing his opinion on the results of treatment in thirty cases. He administers one eighth grain hypodermatically once or twice daily. The effect on the pruritus of jaundice is immediate, and adds greatly to the comfort of the patient.—*Bulletin Generale de Therapeutique.*

USEFUL FORMULÆ.

Lassar's Treatment for Baldness.—First Stage: A strong tar soap is applied to the scalp for at least ten minutes. Second Stage: Removal of soap by a tepid water douche, the water to be gradually cooled, the scalp to be well dried afterward. Third Stage: The scalp to be shampooed with the following solution:

℞ Hydrarg. bichlorid. corrosiv., - gr. x.
Glycerin,
Spirit. rect., - - - - aa ℥ ij.
Aq. destil., - - - - - ℥ v.

F. fiat. solutio. S.: For ext. use.

Fourth Stage: Shampooing of head with absolute alcohol, to which half per cent of naphthol has been added. Fifth Stage: The following solution to be well rubbed into the skin:

℞ Acid. salicyl., - - - - gr.xxx.
Tinct. benzoic., - - - - ʒj.
Ol. ped. taur., - - - ad ℥iij.

Graetzer found this treatment most useful and efficacious in private practice, and therefore does not hesitate to recommend it to the profession. He says that with such a powerful method of treatment in view, the present indifference of medical men with regard to the treatment of alopecia ought to be given up.—*Record.*

Iron Mixtures.—Although the value of iron tonics for children is recognized, yet the usual formulæ in which they are prescribed are most unpleasant and difficult to administer. The following, from the *Revue Gen. de Ther.*, will be found both pleasant to take and effective:

1. Effervescent ferruginated lemonade. The two mixtures were added to each other at the moment of drinking:

Mixture A.

℞ Citrate of iron, - - - gr. ix.
Citric acid, - - - - gr. xij.
Water, - - - - fl. oz. ij. M.

Mixture B.

Bicarbonate of potash, - - gr. xij.
Syrup of lemon, - - - ʒ ij ss.
Water, - - - - fl. oz. jss. M.

The above is sufficient for two doses.

2. Pills of pepsin and iron. Tanner prescribes two of the following pills for children three years of age.

℞ Reduced iron, - - - grains, 19.
Phosphate of zinc, - - - " 9.
Pepsin, - - - - " 19.
Glycerine, - - - - - q. s.

Make into twenty pills.

The following is also always easily administered and liked by little ones:

℞ Hydrated peroxide of iron, - - ℥j.
Confection of orange, } - aa ʒv. M.
Confection of opium, }

Dose from one-half to one coffeespoonful, according to age.—Dr. Ellis, in *Can. Pract.*

ORIGINAL ARTICLES.

PERIPHERAL IRRITATION IN NERVOUS DISEASES.

BY ARCHIBALD CHURCH, M.D., CHICAGO, ILLINOIS.

Read before the Chicago Medical Society, February 4, 1890.

Less than a dozen years ago standard medical works abounded in diseases and varieties of diseases called *idiopathic* and *functional*, some of which are now, happily, better understood, and the rest may eventually be brought within the pale of the knowable. These words are descriptive of observed states whose etiology and pathology are as yet unknown, and pleasantly substitute a bold acknowledgment of inability to explain. As an instance, so recent a publication as the "International Cyclopædia of Surgery," in its first edition, which appeared in 1881, devotes scores of pages to idiopathic erysipelas. Again, idiopathic tetanus is just being rescued from this limbo of things inexplicable, and assuming its proper niche. In no department of medicine has so-called functional trouble flourished as in the category of nervous diseases. From the nature of things and the many remaining physiological problems in this field, advancement toward the obliteration of this *terra incognita* from our medical charts is necessarily slow and laborious, but the tendency is manifest. Peripheral neuritis has been transplanted from the weedy garden of neuralgia, and progress is making all along the line. It is reasonable to suppose and natural to hope that, at a not too distant day, every departure from health will have its clearly understood and demonstrable pathology, and that medical literature will be emancipated from those resonant and tympanitic adjectives which in the meanwhile are useful, but should be employed with well understood reservation.

The activity and potency of peripheral irritation in maintaining diseased states of nerve centres when once established, and in producing such states where a predisposition exists, has recently received much attention and discussion with results suggestive, valuable, and, best of all, practical, in the direction of treatment. The importance of this factor is beyond question, and though its recognition brings us no nearer to the *fons et origo* of diseases in the nervous apparatus, it furnishes a fighting chance in combating their supremacy over ordinary therapeutic modes of attack. Recall the multiform nervous manifestations in young boys, associated with phimosis, which are not infrequently relieved by circumcision. Not to go afield, bring to mind the instructive cases of insanity, apparently cured by unloading the colon, which were, a short time ago, reported to this society, by Dr. Moyer, and which find their counterparts in the practice of every asylum physician. In a short paper on the treatment of epilepsy, which the writer was privileged to read before you last year, it was pointed out that various authoritative writers had reported cures of this disease "by the correction of squint, astigmatism, ametropia and asthenopia; by the removal of an ingrowing nail; by the expulsion of a few round worms, a tænia, a fæcal accumulation or a foreign body from the intestines; by the excision of a slight cicatrix including nerve filaments; by the removal of a spiculum of bone or even of a slight roughness of the inner table of the skull producing irritation of the meninges; by the excision of cerebral tumors; by the removal of biliary and urinary calculi; by the extraction of a carious tooth; by the correction of vicious habits and abnormal conditions of the genito-urinary tract," etc., and the word *cure* is used in this connection advisedly in its broadest sense. With slight modifications, substantially the same treatment may be made regarding chorea, hysteria, migraine, neuralgias, and the condition denominated neurasthenia; or, in other words, that all so-called functional neuroses are often the emphatic expression of a peripheral irritation. It follows that in a given case every organ must be thoroughly scrutinized, every terminal twig of the great nerve tree examined, and, if need be, put to rights before the patient is subjected to a routine line of treatment founded on empiricism, the resort of a last hope rather than an initial tentative, and the demonstration in some measure of our inability to definitely localize and explain the fault.

Although these widely varied and strangely distributed irritations may produce such extensive nervous manifestations, they all have a degree of permanency and continuity of action in common. An alarming sound may throw a child into convulsions, but in reality the inciting cause of the kinetic display is the more or less prolonged fright resulting from the noise. It would be impossible to enumerate a tolerably complete list of these peripheral irritations in the limits of this paper, and I would confine the field to a few of those important conditions implicating some of the cranial nerves.

There is an unquestioned consensus of opinion that the period of primary dentition is a trying and perilous epoch, notwithstanding the claims in some quarters that the eruption of the teeth is a purely physiological process, and in no way accountable for the ills often associated therewith. The occurrence of convulsions at this time of life is very far from rare, and in certain instances the relation of cause and effect is not doubtful, the nerve storm rising and falling with the irritation of the gums. Dr. Brubaker, of Philadelphia, reports in an interesting paper, published in the *Journal of Nervous and Mental Diseases* for last year, a collection of the records of sixteen cases of epilepsy immediately and permanently cured by the removal of irritating teeth. Neuralgias in distant regions are so frequently found to be dependent upon irritation of branches of the fifth nerve, particularly in the mouth, that an examination of its distribution can never be properly omitted in this class of cases.

So thoroughly reliable an observer as J. N. McKenzie reports cases of asthma, nervous cough, migraine, chorea, epilepsy, hysteria, melancholia, retarded sexual development, and exophthalmic goitre dependent upon an irritated condition of the turbinated bodies, and cured simply by the correction of this local state. His observations are abundantly confirmed by other writers on rhinology in this country and abroad.

Owing probably to its six sources of innervation and its constant functional activity the eye furnishes a rich field for peripheral irritation and supplies some striking examples of nerve instability maintained by seemingly trifling and inadequate conditions. The term *eye strain* may be considered as generically embracing the distressing conditions resulting from errors of refraction and from errors in the balancing of the extrinsic ocular muscles. In a way, eye strain is equivalent to muscle strain and may be described as the muscular hyperactivity requisite in all these states to their physiological correction. This brings us to the query whether continued muscular strain or effort can constitute an irritation sufficiently intense to provoke serious symptoms. The experiments of Drs. Dercum and Parker, of Philadelphia, published in 1884, although unconfirmed as far as I know, seem to definitely settle this question in the affirmative. They found that prolonged strain of a muscle or group of muscles in the extremities of apparently healthy subjects would produce convulsions of a severe type after a longer or shorter period depending upon the individual equation. The required time in each instance became progressively shorter, while the character of the convulsions became gradually more severe, showing the role of habit and the increase of susceptibility after the first occurrence of the nerve storm thus induced. Their methods were very simple. The subject was required, for example, to keep the points of his fingers just in contact with the surface of a table, to concentrate his attention on some subject or object and to maintain the position inflexibly. There is in this of course more than a hint of hypnotism and suggestion, for the uniformity of the production of convulsive movements is the important point in this connection. You are all familiar with the extreme position taken by Dr. Stevens of New York, in regard to eye strain as a causal factor in the diseases we are considering and have probably noticed the unfavorable report of the Commission of the New York Neurological Society appointed to investigate his line of treatment. The theory upon which he works, and which not in his hands alone has led to some brilliant cures, is very captivating and unquestionably has some foundation of truth. The constant, though unconscious effort in controlling the muscular apparatus of the organs of vision during every instant of the waking hours is not less than prodigious for even the normal eye. In those predisposed to, or the subjects of, nervous instability, when this effort is intensified by ametropia or asthenopia, it may be sufficient to upset the equilibrium of the storage of nerve force with tempestuous discharges as a result. It must, however, be borne in mind that the parentage of emmetropic eyes in civilized countries at least is very small, probably not more than 25 per centum among the people of large communities where schooling and sedentary pursuits are the rule. Add to the defects of refraction the list of conditions embraced in the term asthenopia and it is not strange that the subjects of neuroses so frequently present abnormalities of the visual apparatus. The fact that relief and cure sometime follows the correction of the eye trouble gives a certain undeniable value to the claim of Stevens and his adherents. By the use of glasses to correct the ametropia and of tenotomy to rectify the asthenopia marvellous results in cases which have defied every other line of treatment are claimed. The relation of migraine on the one hand to eye strain and its cousinship with epilepsy on the other is of frequent observation, and in this connection of suggestive interest. Its cure by the adoption of proper glasses is so common a proceeding as to be no longer the subject of special mention and such instances fall under the observation of every one.

The ear, possibly owing to its less complicated function, its better anatomical protection and its simpler innervation, while as constantly active as the eye seems to be less capable of giving rise to reflex trouble. Yet constant irritation of the auditory nerve by an inflammatory process, by foreign bodies in the external canal, by blocking of the Eustachian tube or by the action of certain drugs sometimes gives rise to intense mental distress, severe pain in various portions of the head and even to convulsions.

The irascibility of the deaf is proverbial and possibly worth mentioning. In hydrophobia, tetanus and strychnia poisoning, the slightest sound may determine frightful convulsive phenomena.

It has been urged that convulsions of peripheral origin have certain peculiarities which serve to distinguish them from those of true epilepsy so-called, but the differences pointed out are far less important in degree and kind than those presented by the attacks of grand and petit mal the essential nature of which is confessedly identical.

In conclusion it may be stated that the object of this paper is by no means to claim an invariable peripheral origin for the neuroses denominated functional, for their dependence upon and uniform association with defective central conditions is fully determined, but it is desired to emphasize the predisposing, inciting and perpetuating relationship of such irritations to the diseases in question and to urge their primary consideration in the treatment of the maladies, nor is it sufficient or proper (as intimated by Starr in the *Medical Record*, of January 4, 1890,) to wait for the patient to voluntarily direct attention to them.

THE SELF-TREATMENT OF NASO-PHARYNGEAL CATARRH.

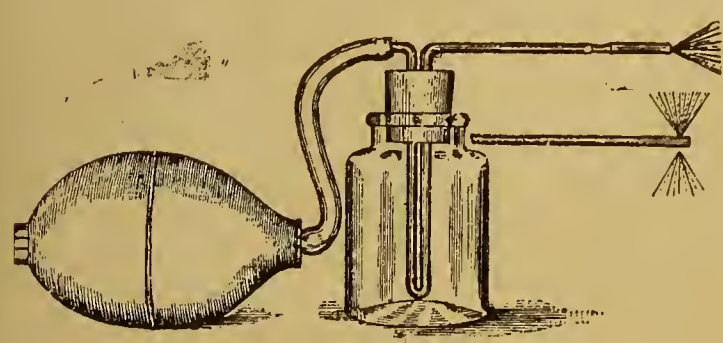
BY N. R. GORDON, M.D., SPRINGFIELD, ILL.

Abstract of a paper read before the Central Illinois Medical Society, Decatur, Ill., November 12, 1889.

After the case has received the required surgical treatment, when such is necessary, and the subsequent office treatment needed to place the case in a favorable condition for recovery, a self or home treatment is indispensable.

This home treatment is absolutely necessary, for no case of naso-pharyngeal catarrh is so perfectly cured as to be free from relapses; and when relapses occur, immediate local treatment is demanded in order to restore as quickly as possible, the diseased mucous membrane to a state approximating health. This can only be done by the patient having at hand the means for local treatment. And it should be used not only when a relapse occurs, or acute cold is taken, but at any and all times, when there is a sense of irritation in the nose or throat.

The remedies used are very much like those used in the office treatment; preferably the oil vaseline or



liquid albolene in which there is dissolved a few drops of either eucalyptol, terebene, wintergreen or ess. peppermint, to one ounce of menstruum.

I prefer the oils, because they are cleansing, soothing, protective and curative in their nature; this statement may not be theoretically scientific, but it is eminently practical. Dobell's solution, to which is added ten minims to the ounce of listerine, is a valuable application in many cases.

A home treatment, in order to be practical, must possess certain qualifications: It must be convenient, effective, pleasant and inexpensive. These conditions I have combined in an instrument as shown in the cut, consisting of a bottle, rubber cork, bulb and metallic tube; it will spray the oils or aqueous solution as desired; a single tube bent as shown with two adjustable tips, one of which throws a spray on the horizontal, the other directly up or down as required. The horizontal spray is used for treating the anterior nares, fauces and pharynx; the vertical spray for medicating the post-nasal passages, which is as essential for successful treatment as treatment of the anterior nares; it is also used for the laryngeal surface.

The vertical spray is introduced until the end of the tube is beyond the margin of the soft palate; the place where the upper incisors rest upon the tube is marked with a file, so that in subsequent treatments the patient introduces the tube until the teeth lodge in the notch, then closes the lips and breathes through the nose, and the spray will readily pass to the post-nasal passage or laryngeal surface as desired.

In this way the entire diseased surface can be medicated effectually and pleasantly, and at a time when it is needed, without the inconvenience of coming to the office. The tube being smooth, straight and free from irregular corners, can be introduced with very little irritation to the fauces.

Whether an aqueous or oily preparation is used, it should be warmed by holding over a lamp or stove, or placing the bottle in warm water.

If this treatment, as outlined, is followed up, it will certainly bring relief if not a cure in almost all cases of catarrh.

LA GRIPPE.

BY J. S. COLLINS, M.D., CHESTERFIELD, ILL.

This affection acts more like bilious attack, with a severe cold, than any other malady I have ever observed. Patients have a temperature of 101 to 104°; pulse 90 to 110. The high temperature only occurs, usually, during one or two nights. It is sometimes accompanied by vomiting, which is generally a bilious vomit, or the patient says that the ejecta taste very bitter. Furred tongue, light colored, or it may be light-brown. The bowels are constipated; there is usually severe headache or backache—more so than in a severe malarial attack. There are pains in back. In some, muscles feel as if they had been pounded. Most of the patients have pains "all over." In a few, the pains are confined to joints. In a few cases there are symptoms strongly suggestive of membranous croup; some have a great deal of hoarseness, and these are the ones that at first have the usual symptoms of influenza. The ones that have these latter symptoms do not comprise more than one-third of all cases. After two or three days the symptoms do not pursue any regular course. In a few, catarrhal symptoms of inflammation of the mucous membranes of the nares and frontal sinuses develop and are quite severe. They present themselves as severe frontal headache, earache etc. In others, fewer than the preceding class, there are pains in the region of the posterior and inferior portions of the brain and in the muscles of the neck. Others have neuralgias in various parts of the body, especially in the facial and supra-orbital region; these are not due to catarrh. A great many cases are followed by a cough after the active symptoms subside. At first the cough is dry and frequent, and with many is extremely distressing.

TREATMENT.—A small dose of calomel, three or four times a day, given at the onset of the treatment, I think does good. After this a diuretic combined with

a diaphoretic seems in my cases to be most effective. I give at a dose, and repeat it every three hours, eight grains potassium nitratim with one or two drops of fl.ex. ipecac. When they have high temperature I give three to ten grains of antifebrin. All other phases I treat symptomatically, i.e., hoarseness, neuralgias, bronchitis, etc.

REPORT ON PROGRESS.

SURGERY.

BY H. G. HARVEY, A.M., M.D., ST. LOUIS.

The Immediate Disregard to Malposition of the Thigh in the Treatment of Hip Disease.

At the American Orthopœdic Association meeting in Boston in September, Dr. Bernard Bortow contributed a paper on this subject in which he called attention to a plan of treatment, purely fixative in character, which he had employed in the earlier stages of hip-joint disease. The plan consists essentially in having the patient suspend himself by the head in the manner required for the application of the plaster of Paris jacket in spondylitis. During the operation the foot of the well limb is made to rest on a block from four to six inches in height, so that the affected limb will by its own weight exert traction upon the muscles about the hip-joint.

The trunk and limb having been encased in stockinet, should then be wrapped in cotton wadding bandages to protect the surface, from the sixth or seventh rib to the middle of the leg; over the dressing plaster-of-Paris bandages should be applied in a manner to include the trunk, hip and limbs within the limits indicated. Then, strips of thin, malleable steel should be bent to conform to the contour of the body and limbs and inserted between the bandages on the anterior, lateral and posterior parts of the dressing. As soon as the dressing has become hard it should be trimmed out on the inner side of the thigh where it passes under the perineum, and all the edges smoothed to prevent chafing of the skin. A high shoe and crutches having been provided, the patient may be taught their use with the least possible delay. A splint thus formed will hold the limb in an immovable manner. It will possess sufficient strength to permit of the patient being lifted or carried without causing pain or the fear of painful movements of the joint.

In every instance in which the writer had used this dressing the patient had expressed feelings of relief as soon as the splint had been completed.—*Bost. Med. and Surg. Jour.*, Oct. 24, 1889.

Confounding of Cancer and Syphilis.

Prof. Esmarch pointedly refers to the frequent confounding of cancer and syphilis, and for this reason he advises thorough microscopical examination of a growth before undertaking an operation which might disfigure. He states that where a growth is made up of granulation tissue and spindle cells, only energetic antisyphilitic treatment should be adhered to.

A Case of Loreta's Operation for Dilatation of the Pyloric Orifice of the Stomach.

In the *Brit. Med. Jour.*, Dec. 14, 1889, Dr. Wm. Gardner gives a detailed account of the above operation, with the condition of the patient preceding and following it.

Patient had reached the climacteric three years previously, having been married twenty-four years. She had been troubled for several years with indigestion, but during the last three months it had got much worse; strength failing; pains across upper part of abdomen of shooting character; accumulation of gas in stomach; periodical vomiting. Stomach distinctly enlarged; at times its outline can be traced on the abdominal walls. Just above and to right of umbilicus is a lump the size of a walnut, which moves up and down with the respiratory movements.

Every form of medical treatment had been resorted to without avail, and August 12, 1888, after thoroughly washing out the stomach with boric acid solution, a portion of the stomach was drawn through an incision through the abdominal wall, and an opening, one inch long, in the long axis of the stomach was made to admit the finger. The pyloric orifice was found almost completely closed, admitting with difficulty a No. 6 gum elastic male catheter. The stricture was then gradually dilated with the forefinger until it permitted the finger to pass easily into the duodenum. The gastric wound and the wound in the abdominal wall were then closed. The usual treatment following laparotomies in which the alimentary canal has been opened was used. Patient never vomited after the operation, the other symptoms gradually disappeared, and by September 7, she ate and digested well all kinds of food except vegetables. December 24, 1888, patient was still doing well and could eat ordinary diet without inconvenience, but felt somewhat uneasy after eating beef, cabbage or rich cake.

May 22, 1889, Dr. Gardner operated on a patient who, for years, had had pyloric stenosis. There was a perfect recovery from the operation and relief from the previous symptoms. Sufficient length of time had not elapsed to give an opinion as to the ultimate result.

The remote results of this class of operations have not yet been published, and the value of the operation is still *sub judice*. The operation is suitable to cases of simple cicatricial or fibrous narrowing of the pylorus, cardia or lower end of the œsophagus. From analogy every surgeon would be disposed to say that the benefit can be only temporary, as is the case in all true strictures of the urethra.

In the same number of the above-mentioned journal, C. J. Bond, F.R.C.S., relates a case with much the same

symptoms as were presented in Dr. Gardner's case. The stomach was opened, and a thickened indurated condition of the pylorus was found. Though the pyloric orifice readily admitted the passage of the finger, forcible dilatation was not done. The stomach was closed and returned to its place. The symptoms were in a great measure relieved, and patient continued well for three or four months, when the symptoms returned, and she died eleven months after the operation from an exhausting diarrhœa. A post-mortem examination showed that the pyloric ring was indurated and thickened, and the wall of the stomach in its immediate neighborhood was ulcerated away, exposing the pancreas and liver, to both of which the stomach was firmly adherent.

In view of the relief afforded in this case by the operation, the author "suggests that moderate digital dilatation of the pylorus should be practised in cases of extensive chronic ulceration of the stomach with dilatation, even where there is not extreme stenosis, with a view of curing the ulceration by setting the pylorus at rest."

Electrolytic Treatment of Urethral Stricture.

In "Our London Letter," to the *Med. Record*, Dec. 21, 1889, the correspondent says that at a recent meeting of the Medical Society of London the general tone of discussion was far from favorable to the electrolytic method. Mr. Bruce Clark was favorably impressed with the results of his use of it. "Of the fifty cases of urethral stricture treated by electrolysis, twenty-three were known to be well after periods varying from one and a half to three years; in two cases no relapse had taken place after four years; only nine were known to have required subsequent treatment." He was disposed to attribute the lack of success either to the want of knowledge or of requisite attention to details. The method, however, was not applicable to certain cases.

Intussusception Successfully Treated by Rectal Injection in a Child, æt. 3 Years.

Dr. John W. Forlow reports this case in the *Boston Med. and Surg. Jour.*, Nov. 14, 1889. The diagnosis was readily made. With the body inverted and the feet held high up, one and a half pints of lukewarm water were injected into the bowel, manipulation through the abdominal wall being done at the same time. The result was all that could be desired.

Shoulder Braces.

Bernard Roth, F.R C.S., calls attention to the uselessness of shoulder braces *et hoc genus omne* in an article in the *Med. Age*, Oct. 25, 1889. The article is well summed up in the words of John Shaw, written upward of sixty years ago: "The effect which this instrument (shoulder-brace or common breast-collar) produces in ordinary cases may be easily comprehended. If the scapulæ be brought close to the spine by the straps of the brace, and kept constantly so, there can be no use of the several strong muscles which pass from the spine to the scapula. They must constantly waste and become nearly useless, while those on the fore part of the chest being excited to resist the strap, will become increased in power; and hence, when the brace is taken off, not only will the shoulders fall forward, as in a delicate person, but the muscles of the fore-part of the chest will predominate over those by which the scapulæ should be held back, and pull the shoulders forward."

Campho-Phenique in Erysipelas.

In the *Cin. Med. News* for December, 1889, Dr. F. H. Milliken reports a case of erysipelas, starting at the knee of an infant, æt. 18 months, gradually involving the entire limb and extending to the abdominal skin. After using various local applications without any apparent benefit, he applied every three hours, with a camel's hair pencil, compho-phenique 2 parts and olive oil 1 part to the area involved. "The result was marvellous. The disease was under control by the end of the first day's application.

In two subsequent cases the remedy was used without delay, resulting in immediate and complete jugulation of the disease.

Amputation at the Hip-Joint.

In *Brit Med. Jour.*, Thomas Moyles, F.R.C.S.I., gives the following method of amputation at the hip-joint which as yet he has practised only on the cadaver: One inch below Poupart's ligament and half an inch externally to the femoral artery a stout nickel or steel skewer is thrust straight through the soft parts from before backward; it passes just to the inner side of the neck of the femur and emerges a little above the gluteal fold. A strong piece of India rubber is twisted in a figure-of-8 over the projecting ends of the skewer, thereby compressing the femoral artery, above the origin of the profunda, and the sciatic artery. A transfixion knife is now passed in the same direction as the skewer, at a little lower level. "A straight vertical incision, about two inches long, is now made with the knife, which is finally carried inward, making a tapering flap from the tissues on the inner side of the limb." The limb now being forcibly abducted, the head of the femur is easily removed from the acetabulum. The blade is now carried above and then to the outside of the great trochanter, keeping close to the bone, and a flap similar to the first is made on the outside of the limb.

A second pin and elastic ligature may be made to encircle the outer flap before it is completely divided. The vessels can be tied at leisure.

The advantages to be expected are: 1, extreme rapidity; 2, complete control of hæmorrhage; 3, the wound is vertical, therefore allows for drainage; cleanly cut, therefore ensures apposition and prompt union; away

from the anus, and, therefore, not liable to infection.

Cholecystotomy by the Lumbar Incision for Distended Gall-Bladder Simulating Floating Kidney.

J. Ewing Mears, M.D., reports this case in *Annals of Surgery*, October, 1889: A. S., æt. 29 years, mother of four children, was admitted to St. Agnes' Hospital, March 7, 1889. Seven months previously, while washing and pouring water from a tub, she strained herself, and on going to bed noticed a tumor in the right inguinal region. The intense pain was relieved when patient was in erect position. Pain in right renal region; micturition frequent; œdema of feet and legs in evening, which disappears during the night.

A tumor about the size of the kidney, with a round surface and extremity, freely movable, was found one inch and a half to right of median line at the lower part of umbilical region. Physical examinations could not find the right kidney in its normal place. Blood was found in the urine. There was pain in the right lumbar region which began with the discovery of the tumor; slight but distinct quotidian variations of temperature; chilly sensations about 4 P.M. daily.

An incision was made in the right lumbar region; the kidney was not in the normal position. Pressure on the abdominal wall brought it within reach of the finger. The capsule was incised and catgut sutures introduced for securing it to the edges of the wound. Further exploration revealed the tumor unchanged in position. Pressure over it brought it into the wound in the lumbar region, when it was found to be a distended gall bladder. Three ounces of biliary pus were evacuated. A calculus occupied the neck of the cyst which, not being possible to remove entire, was crushed, and pushed into the intestine. The gall-cyst was sutured to the lower end of the lumbar incision, just above the crest of the ilium, being secured without tension. At the end of two and a half months the fistulous opening ceased discharging and closed. The patient recovered fully.

Some Abuses of Etherization.

To avoid abuse in the administration of ether the author advises the observance of the following considerations:

1. In commencing the administration of ether the gradual method is to be preferred.
2. Its employment allows the lungs to empty themselves of residual air, prevents coughing and struggling, and places the organs in the best possible condition to receive and rapidly utilize the vapor.
3. After the stage of primary anæsthesia is reached, the more pure ether vapor the patient breathes, the better.
4. The shorter the time of anæsthesia, and the smaller the amount of ether used, the less likely are the unpleasant sequelæ to occur.
5. The more evenly it is administered the less shock to the patient.
6. Anæsthesia should be entrusted to experienced administrators only.
7. Many of the fashionable efforts to resuscitate patients are not only useless but harmful.
8. The minimum amount of force should be employed to restrain the muscular movements of the patients.
9. Mixed narcosis is often advisable for prolonged operations.
10. The utility of the galvanic battery, in threatened death, is to be proven.
11. The most trustworthy means of resuscitating desperate cases are artificial respiration, hypodermic stimulation, inhalation of nitrite of amyl and inversions of the body.—George F. Shrady, M.D. (New York), *N. Y. Med. Rec.*

Total Extirpation of the Larynx for Epithelioma.

The operation was for epithelioma in a man æt. 41 years. The interesting part was that in a few months after the operation the man could speak in a low, distinct, though gruff voice. "This was managed by passing through the upper wall of the canula a curved tube which ran up to the base of the epiglottis, and admitted the air when he closed the canula with the finger. The vibrating structure appeared to be the mucous membrane of the pharynx running back from the epiglottis. The authors thought this was the first recorded case where the patient could speak after total extirpation of the larynx."—Greville Macdonald, M.D. (London), and Mr. Charteris Symonds (London), in *Annals of Surgery*, from *Lancet*.

Elastic Suture of the Liver.

At the last meeting of the Italian Society of Surgeons, the author read a note on this subject. To obtain a complete checking of the bleeding, after an incision has been made into the liver, it is necessary to suture this organ in such a way as to establish perfect adhesion to the affected surfaces. For this purpose elastic sutures are best. Not one single animal on which he has tried this method of suture has suffered from peritonitis or other infectious disease. These sutures with the elastic thread allow a certain increase in the size of the organ without tearing the tissues. The extremities of the elastic thread are connected with the sutures by a silk ligature.—Dr. Bibacci (Macerit), in *Med. and Surg. Rep.*, June 1, 1889.

Effects of the Entrance of Air into the Circulation.

Dr. H. A. Hare (*Therapeutic Gazette*), from experiment says:

1. Death never occurs from the entrance of air into the ordinary veins of the body unless the quantity be

enormous—from one to several pints, a quantity which cannot enter unless deliberately sent in by the surgeon.

2. The cases on record have been due to other causes than air and have not been proved.

3. The tendency of the vessel to collapse and the leakage of blood prevent any entrance of air, and it would seem probable that a clot has generally caused death, not the air itself.

A New Advance in the Treatment of Ununited Fracture.

In the *Lancet*, Oct. 26, 1889, Professor McGill relates the following: A man, æt. 20 years, sustained a compound fracture of the radius and ulna, the ends of the radius protruding through the wound. The ulna healed well, but the radius remained ununited, although the ends had been freshened and wired three months after the accident. Eight months afterward an incision was made down to the bone, the wound having healed, and a thick membrane-like periosteum was filed off, the broken ends leaving an interval of three-fourths of an inch between the ends. This space was filled with thirteen pieces of bone, each one-sixth of an inch long, chiseled from the femur of a freshly killed rabbit. The bones were not wired. The wound was closed without drainage. Firm pressure was applied by means of salicylated wool and bandages. The forearm was placed on an anterior splint. There was no suppuration. The bone was firmly united in six weeks, and three months later the arm was as useful as ever.—*Med. Rec.*

Disappearance of Tumors After Exploratory Incision.

Mr. Tait has drawn attention to the astonishing disappearance of tumors, often of large size, after a mere exploratory incision. These tumors have been chiefly of the liver, spleen and pancreas. From the number of cases seen by him he is satisfied that the disappearance is not a mere coincidence. A number of cases of exploratory incisions for tumors, etc., of the abdomen are related, in which the tumors disappeared, although apparently of a malignant nature. Four times he has opened the abdomen to remove enlarged spleens, in each case being deterred from the operation by the hopeless outlook for the patient. In three of the cases the tumor disappeared, and perfect health followed. The fourth succumbed to the exploratory incision.

A lady who had become much emaciated was supposed to be suffering from cancer of the pancreas, a tumor being present which appeared to occupy the position of the head of the pancreas. An exploratory incision resulted in the complete disappearance of the tumor in six weeks, and restoration to the former state of health.

Mr. Tait is convinced that the mere opening of the peritoneal cavity has a direct influence in setting up the process of absorption of the tumor. That some physiological change is at once set up by opening the peritoneal cavity is clearly indicated by the uniform onset of a most distressing thirst, which lasts for days, and is not seen so markedly after any other operation. In operations down to the serous cavity this thirst does not occur, but let the serous cavity be opened but a finger's breadth, and the result is marked.—*Mont. Med. Jour.*

Billroth on the Dangers of Carbolic Acid.

The following letter of Dr. Th. Billroth, of Vienna, has been published: "I have lately seen four cases in which fingers, which had suffered a most insignificant injury, became gangrenous through the uncalled-for application of carbolic acid. Carbolic acid is now much less used in surgery than formerly; we have only gradually become acquainted with its dangers. The acid may not only cause inflammation and gangrene, but also blood poisoning, and so may even prove fatal. It is useful only in the hands of a skilful surgeon, and ought never to be used without his advice. The best lotion for recent injuries is the ordinary lead lotion, which can be bought at any chemist's. The best antidote in carbolic acid poisoning is soap, which should be taken immediately and repeatedly until all symptoms of poisoning have disappeared."—*Lancet.*

TRANSLATIONS.

THE CAUSES OF FAILURE IN THE TREATMENT OF UTERINE FIBROIDS BY ELECTRICITY.

BY G. APOSTOLI, M.D.

Translated by Dr. Jas. Hamilton McMillan, St. Louis.

Before translating the article which has just appeared under the above heading, in the Paris *Medical Journal*, it may be in order to give a brief summary of Apostoli's method of applying electricity to the uterus.

The intrauterine electrode, which acts as a chemical galvano-cautery, is an uterine sound, made of platinum at its uterine extremity, although a carbon tip may also be used.

The vagina is protected by a celluloid insulator, which surrounds that portion of the sound contained within the vagina.

The other electrode is applied over the abdomen, close down to the pubis, and consists of a layer of moist potters' clay, of considerable size and of uniform thickness.

This electrode, therefore, diffuses the current over a large area of the skin, and prevents the cauterizing effects of the electricity at the point of its contract.

The positive pole is used in the uterus when it is desired to arrest hæmorrhage or to lessen vascularity, as when the uterus is large and soft.

The negative pole is used in the uterine cavity when there is no tendency to hæmorrhage, or when it is de-

sired to increase the vascularity of the organ, especially in cases of chronic metritis where the uterus has become very indurated and atrophic, for it is to be remembered that Apostoli recommends the intrauterine galvano-cautery as highly in cases of chronic metritis as he does in uterine fibroids.

In some cases he applies both electrodes in close proximity within the uterine cavity, by means of a special apparatus, and thus obtains the cauterizing and trophic effects of both.

In some cases also, where a fibroid can be reached by a vaginal galvano-puncture, without injuring the peritoneum or bladder, this method may be preferred to the intrauterine application.

Before applying the potters' clay to the abdomen, all pimples or abrasions of epidermis must be covered with collodion, as the great resistance of epidermis being removed at these points, a marked cauterizing effect may be produced.

The other important points in the operation are mentioned in the following article:

The treatment of uterine fibroids by electricity, introduced by me in 1882, and to which I have been constantly adding and making improvements, is daily receiving the approval of the most eminent European and American gynæcologists.

I am therefore strengthened in my first conclusions by the unanimous approval of all impartial observers, who have taken the trouble to experiment for themselves, following strictly the rules I have formulated.

To-day we will treat briefly a few important points, which heretofore have been rather too briefly alluded to. I repeat for the hundredth time that in my treatment I do not undertake to cure uterine fibroids radically and permanently. If this radical cure does follow, as does sometimes occur, it is more often the exception, and at present electrotherapy has for its ambition only to alleviate permanently the symptoms, and to produce a corresponding though limited diminution in the size of the fibroids.

The envious exact of every new remedy which they have not themselves introduced most wonderful and universal properties; they wish to make of it a panacea, in order thus to prove it a failure, and to bring it into disuse. I have not escaped this general law, and I shall therefore unmask their batteries in advance by giving full particulars, and thus refute all fallacious arguments.

The treatment has not always succeeded, it is true, and it is very important to know the causes of failure. They may be arranged under three heads, 1st, causes connected with the operator; 2nd, causes connected with the treatment; 3rd, those connected with the patient.

I have seen in the proceedings of operators causes sufficient to annihilate all therapeutic success; ignorance of gynæcology, lack of operative skill, and complete ignorance of all physical laws. These are some of the causes, unfortunately too real, which I have observed.

Many strangers honor me with their presence at my clinic, some of them highly accomplished, others mere novices in gynæcology; these latter are generally those who fail.

They know nothing about electricity, but they invariably announce to me, at the end of their first visit, that they intend to buy, in Paris, all the necessary apparatus, and expect to use my method in their practice upon their return home.

What can we do with such men? Nothing. But it is more to be regretted, that even for skilled gynæcologists errors in diagnosis are possible, which may produce most serious results.

The greatest of all errors is to diagnose an ovarian cyst or a tumor of the Fallopian tubes as a fibroid, and to apply to it the electric treatment, which is most strongly contraindicated.

I recall four cases, two in Liverpool, one in Glasgow, and one in Paris, where such an error was made, and in each of which the patients died, but not one had a fibroid. Ovarian cysts were found, in which suppuration had produced a fatal result.

On the part of the treatment, also, we observe great errors. One may be too timid, while another is too severe in his treatment.

Timidity in operating prevents all rapid and salutary therapeutic effect, and exposes the patient to a relapse.

On another occasion we shall discuss this more at length.

Again, the treatment may be so severe as to be dangerous, especially when the operation has been done in a brutal or precipitate manner to begin with. Moreover, the seances may be too frequent or too prolonged, and the repeated congestions provoked by either of these causes may produce uterine or perinterine inflammations with all their consequences.

The absence of antiseptic precautions, which should precede and follow the application, is a grave error and exposes the patient to the most serious risks. Especially is this true when a vaginal galvano-puncture is made, which is followed by a loss of substance.

The failure of treatment may be due to insufficient and incomplete local application, especially in fungus and hæmorrhagic endometritis, connected with fibroids.

The intrauterine cauterization may be insufficient, in which case we may use a carbon electrode, which fills more or less completely the whole uterine cavity, fitting itself exactly to the walls.

Another cause of failure connected with the treatment may be that the physician has not used the galvano-punctures with the necessary energy; but by far the most common cause of failure is that the treatment has not been continued for a sufficient length of time.

The treatment is most frequently abandoned after the first application, when the physician rashly condemns the method as useless, when a few more applications would almost certainly have produced a perfect therapeutic success.

On the part of the patient there are causes of failure, which it is important to note. In the first place we

must consider the nature of the fibroma, its location and topography, which conditions vary greatly, and modify proportionately the therapeutic effects of the current.

We may say, in general, that, all things being equal, the effect is more marked in proportion as the fibroid is interstitial or approaches the mucous membrane,and that it decreases in proportion as the fibroid approaches the peritoneum.

Soft fibroids diminish in size much more rapidly than the hard, but of whatever variety the fibroid may be, the electrical treatment, if persevered in, will produce positive anatomical effects, and will always relieve the *symptoms*.

On the other hand, I have seen the treatment fail in fibrocystic tumors, and in tumors accompanied by ascites, and of malignant or at least of suspicious character.

Another cause of failure is the coexistence of unobserved diseases of the uterine appendages, which may vary in character, and under certain circumstances may become a permanent cause of uterine hæmorrhage and congestion, and on the other hand may produce a more or less grave secondary inflammation of the peritoneum.

This is the case with a pyosalpinx or suppurative tumor of the Fallopian tube, which often escapes the action of the current, but often yields good results when opened by galvano-puncture and drained through the vagina.

It is in these cases, until lately misunderstood, that we find an explanation of the sudden, or at least very rapid, deaths following a mere touch, the introduction of a speculum, or the slightest gynæcological manœuver.

In such cases we have simply suppurative tumors of the uterine appendages ruptured into the peritoneum, and causing a violent peritonitis.

All purulent collections in the female pelvis strongly contraindicate the application of the galvano-cautery to the uterine cavity.

The first and most urgent indication is to evacuate pus, and a galvano-puncture in the vaginal cul-de-sac, will then serve the double purpose of making an artificial opening through which to drain the sac, and of assisting resolution by the trophic action of the current.

In cases of doubt, in those where the exploration is insufficient or incomplete, what means have we to assure ourselves of the diagnosis, and to justify our interference? The most certain is the thermometer.

If after the first intrauterine application, in a case which we believe to be simple, fever and pain appear, and do not promptly recede, if the temperature remains at 39° C. or 39.5° C., we may mistrust our diagnosis and at any rate should desist temporarily or finally from all intrauterine treatment.

A new examination under chloroform becomes necessary, and then generally an undiagnosed tumor of the uterine appendages is discovered by the side of the fibroma.

Under these circumstances two alternatives may present themselves. The tumor may be near the vagina, and therefore sufficiently accessible to the electrode to admit to admit of an operation for the purpose of drainage, which should be immediately done. On the other hand it may be so high up as not to admit of operative interference through the vagina, and then a laparotomy becomes necessary.

Another cause of failure, due entirely to the patient, is the failure to remain quiet for several hours after the operation.

Neglect of this rule may provoke serious consequences, such as a more or less severe peritonitis. Moreover the physician will often have the greatest difficulty in compelling observance of this rule, especially when the patient experiences no pain after the operation.

I will now cite the case to which I have constantly made reference in speaking of diagnostic errors, and with an account of which Dr. Terillon has recently entertained the Surgical Society in their discussion of the treatment of uterine fibroids by electricity.

Dr. Terillon stated that it was an uterine fibroid which had undergone suppuration, a mistake which I have corrected in a letter to the *Gazette des Hospitaux*, for last July, and which Dr. Terillon has likewise corrected in the official reports of the Surgical Society.

It was therefore a suppurating ovarian cyst diagnosed as a fibroid.

In April, 1886, Dr. Terillon showed me a case which he had just received, and which had been diagnosed pelvic hæmatocele by Dr. Ferriol.

This patient had been in the Charite for several months, where she had been kept in bed by frequently repeated and painful crises, coinciding with the appearance of an abdominal tumor.

The supposed hæmatocele had failed to improve under the classic treatment, and a surgeon was finally requested to perform a laparotomy with a view to evacuating the hæmatocele.

Dr. Terillon, after a careful examination, confirmed the diagnosis and proposed a laparotomy, at which I was present.

Upon opening the abdomen a large tumor was discovered reaching to the umbilicus, hemispherical, and having the appearance and consistance of a fibroma. It was palpated and studied with care, and was diagnosed as soft fibroma.

The surgeon attempted in vain to remove it, and at length it was decided to close the incision without further intervention.

The laparotomy had therefore been merely exploratory, and the patient convalesced rapidly without any complication.

About six weeks after the operation, Dr. Terileon suggested that I should try the electrical treatment, to which I acquiesced.

I made an examination and found a large tumor, indurated at some points and yielding at others, reaching up to the umbilicus. The vagina was filled with the tumor, and the cervix was pushed up behind the pubis, and almost inaccessible to the sound.

WEEKLY MEDICAL REVIEW.

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SATURDAY, FEBRUARY 8, 1890.

AN INSTANCE OF RETRIBUTION.

Our esteemed contemporary, the WEEKLY MEDICAL REVIEW, admits that Chicago physicians assume somewhat more prominence than St. Louis physicians, and thinks that the reason is that the latter "do not write." We believe that it would be a great mistake for the profession of St. Louis to adopt this view, and try to seek prominence by writing. It is not writing, but working, which gains for medical men eminence. Let St. Louis physicians seek to contribute to the solid advancement of the medical sciences, and incidentally, write.—*Medical Record.*

The above is simply an example of the ignorance regarding the ability and capability of the St. Louis medical profession, brought about by its disinclination to record its work.

St. Louis physicians and surgeons are continually doing work that is neither less original nor less worthy of commendation than that which forms the basis for the very interesting and valuable transactions of the New York societies. How much better would the showing for our profession be, were its labors recorded in print, instead of being allowed to blush unseen in some retired case-book, which the modest doctor hopes to bring to light 'some day'—but to whose seal the stamp of procrastination is ever adding strength! The brilliancy of a new operation grows dim and its novelty wears off as time passes and many other ones are reported; it is then too common to be worthy of a special article, and is of course relegated to permanent obscurity.

We insist that the case is as we first stated it: St. Louis physicians do work, and earnestly, too, but they do not get credit for it for the reason mentioned.

THE EVIL EFFECTS OF MOUTH BREATHING.

The practice of mouth breathing has never been fully emphasized in its full measure of importance as a factor in the causation of various diseases of the air-passages. This is the more striking on account of its comparative frequency. Whether it is believed that the commonness of this habit is in a great measure due to the frequent occurrence of obstructive nasal catarrhs, or vice versa, it may be safely assumed that each has an aggravating and prolonging effect upon the other.

Dr. N. R. Gordon (*Times and Register*), has paid considerable attention to this subject in its practical bearings on the treatment of disease, and has devised a little instrument which he claims has been efficient in its prevention.

The changes which the air undergoes in passing through the nose are well known; its temperature is elevated, it receives more moisture, and the grosser of the foreign substances contained in it are filtered out; in short, it is prepared for entrance into the lower air-passages. In breathing through the mouth these preliminary changes are not effected, or only to a slight degree, and the air reaches the pharyngeal vault and passes downward in a raw state, so to speak. The immediate effect of this is a dry and parched condition of the tongue and pharynx, producing cough and laryngeal irritation, and, more remotely, a filling up of the nasal chambers by an increase of the normal tissue; the glands of the vault of the pharynx become enlarged, and pressing on the openings of the Eustachian tubes impair the hearing. The follicles in the posterior wall of the middle and lower pharynx become enlarged, and the surface loses its smooth and pliable condition; the mucous lining of the larynx and upper part of the trachea are also affected. Among the symptoms of habitual mouth breathing are, a dry and parched condition of mouth and throat, especially after sleep; an unpleasant taste in the mouth; a cough of more or less intensity, and a hawking or rasping of the throat.

Dr. Gordon also believes that deafness is a common sequence of mouth breathing; that a large proportion of the cases of so-called catarrhal deafness in childhood are due to the effects of habitual mouth breathing, and that a large percentage of such cases can be cured by correcting the vicious habit. He believes that asthma and palpitation of the heart occur as reflex results.

Nasal and post-nasal catarrh cannot be treated very successfully while the patient persists in the habit, which is usually constant, that is, it is practiced both day and night; some, however, breath through the open mouth during sleep only. When properly undertaken, the treatment of mouth breathing is simple. The patient must be impressed with the importance and necessity of overcoming it, in order that he may give the thought and attention which the case demands. Of course, if the nasal passages are obstructed by any growth or deformity, this must first be relieved. The patient should endeavor to refrain from breathing

through the mouth by day, and this, though not always easily done, can be accomplished by careful attention. During sleep the mouth opens involuntarily, and to prevent this a bandage may be used, but this is so uncomfortable that but few patients will wear it. A better method is to use a little crescent-shaped piece of celluloid fitting between the lips and teeth, thus closing the oral cavity, though the teeth may be involuntarily separated. The anti-mouth breather, as he has called the instrument, is fitted to the patient's mouth as follows: A piece of cardboard is placed far back in the mouth and the teeth closed together upon it, after which the outlines of the upper and lower dental arches are marked upon it with a pencil; from this outline the celluloid is bent to fit the mouth. It is placed in position on retiring, and affords much relief after the patient becomes accustomed to it, usually after two or three nights. The results so far are excellent, and bear out the above statements.

The anti-mouth breather should be used in all cases of deafness, due to aural or nasal catarrh, especially in youth; as a curative measure in naso-pharyngeal catarrh, with all persons where the habit exists, regardless of age; with those who complain of a dry and parched condition of tongue and throat on arising; these are roughly the chief indications for its use.

The Antiseptic Value of Iodoform.

Iodoform has been before the profession now for a long time, comparatively speaking, for epochs in medicine have been much shortened by the undoubtedly marvelous advances which have been made of late years. All are probably familiar with the story of its rise, its sovereign sway, and its subsequent downfall, as an antiseptic. At first thought to be the ideal antiseptic, this belief received a rude shock when the results of certain German investigators informed the medical world that as an antiseptic it was entirely useless; that it harbored germs, and might be the means of infecting an otherwise aseptic wound. These results clashed with the views of many surgeons, on whose affections iodoform had through continued use obtained a firm hold,and while their opinion of its antiseptic value was thus somewhat modified, they still clung to it in practice, unwilling to discard all faith in it. They attributed to it certain stimulating properties, which rendered it of distinct value as a wound dressing.

Meanwhile experimenters in the laboratory have not been idle, and while the results of previous investigations have been to some extent confirmed, they have also been greatly modified, and the present tendency seems to be to rescue iodoform from the sweeping condemnation of which it was once the subject.

The results of the experiments of A. Ernest Maylard, M.B. (Lond.), published in the January *Annals of Surgery*, are of great value, and derive additional interest from the fact that the manner in which the experiments, begun in the autumn of 1887, were carried out differs somewhat from the methods of preceding investigators. The great difference between the original experiments and those of Maylard lies in the fact that in the former pure cultivations of microbes were used, while in the latter the microbes were such as they are to be found in pus. There is really a wide difference between the two. One might say that in using pure cultivations we were employing microbes by the million, whereas in using pus we have them simply by the hundred or the thousand. Iodoform might therefore be incapable of producing any effect upon microbes existing in such large numbers, while it might possibly have some retarding or perhaps deleterious effects upon microbes existing—as they do in pus or on a wound—in comparatively small numbers.

His first series of experiments were made with pure cultivations of anthrax spores, anthrax bacilli, micrococci prodigiosi and staphylococci pyogenes aurei, and led to the conclusion that iodoform retards their growth but does not entirely prevent it, the microbes not appearing to be deleteriously affected. His results with the staphylococcus p. a. do not agree with those of Neisser, who states that in his experiments with this microbe iodoform in no way affected its growth.

The second series of experiments were made with pus from acute abscesses and from suppurating surfaces (non-tuberculous), and led to the following general conclusions:

Iodoform has, under certain conditions, a germicidal effect upon pyogenic microbes and no influence upon one putrefactive microbe—the bacterium termo; the only conditions which allow of this effect is the existence in large excess of iodoform, or the presence in comparatively small numbers of the microbes. If the number of microbes present be so large that the pus approaches the condition of a "pus cultivation," no germicidal effect is observed.

Iodoform, then, has some distinct power, and its supposed or acknowledged value in the wards is borne out by the experiments in the laboratory. It may fairly be assumed that where iodoform is added to a wound, it will be largely in excess of the microbes present, and therefore precisely in the position in which the experiments seem to indicate its aseptic power lies. Indeed, it is quite probable that such conditions as existed in the first series of experiments are rarely found to exist naturally; that is to say, no open wound is ever in the position of having anything comparable to a pure cultivation of microbes upon its surface. So that practically, iodoform, when used clinically, is always applied largely in excess of the existing microbes, and is, therefore, capable of exercising advantageously its antiseptic properties; and, as compared with many other much more powerful antiseptics, the special value of iodoform must rest upon its prolonged action. Solutions are absorbed, or carried away by the discharges, whereas iodoform is an almost permanent application.

The Relief of Deformity From Prominent Ears.

The deformity from prominent and projecting ears is oftentimes very distressing to the unfortunate wearer, and may lend a decidedly asinine effect to an otherwise worthy and dignified individual. Many a person thus afflicted would be only too willing to undergo an operation to remedy the defect, if he but knew that such means of relief existed. It is true that the deformity is not a serious one, objectively speaking, but still it is well worthy of attention and treatment. The operation required is quite a simple one, and should be almost invariably successful if carefully performed.

The operation seems to have been first performed by the late Dr. E. T. Ely, of New York, who removed an oval piece comprising nearly the whole length of the auricle and through its entire thickness, thus including the skin on its anterior surface. This, of course, involved a scar which would always be visible from in front.

Dr. W. W. Keen, of Philadlphia, describes a similar operation in the *Annals of Surgery*, which he seems to have originated without knowing that any one had preceded him in the matter. His operation is preferable to Ely's, since the only scar left is a linear one on the back of the auricle, which is usually visible only by standing behind and looking carefully for it.

The operation, as described, is as follows:

A long oval portion of the skin is removed from the posterior surface of the auricle, the cartilage being laid bare by its dissection. In the long axis of the oval excision of the skin a long, narrow piece is removed from the cartilage itself, V-shaped on cross section like the furrow of a plough. Great care must be taken not to cut through the skin on the anterior surface of the auricle. Stitches of catgut, three or four in number, are passed through the skin on the sides of the wound so as to bring it together. The edges of the cartilage may also be united with a few catgut stitches, and this seems to be preferable, though the results have thus far been equally satisfactory without them. The excision is attended with free bleeding, which, however, is easily controlled. Antisepsis must, of course, be observed during the operation and in the dressings. The patient may be up and about the next day, but unless the stitches drop out they should not be removed before the tenth day, in order to secure firm union.

A Sequel to the Chicago "Infanticide Expose."

It now appears, as we learn from the *Western Medical Reporter*, that the disgraceful blackmailing affair known as the "Expose of Infanticide," of which the *Chicago Times* (daily) was the medium of illumination and ventilation, was carried on under the supervision and with the assistance of one of the honored members of the Chicago profession. The *Reporter* intimates that suspicion has long rested on the member in question, but that only recently a committee was appointed by the Chicago Medical Society to inquire into the matter and at the same time to investigate the violations of the law with regard to the advertisement and sale of abortifacients.

This was a just and wise action on the part of the Society, offering, as it would, to the member the opportunity of disproving the charges, if he were innocent, or of accepting his just deserts, if guilty; but the movement failed in its incipiency, through the passage of a motion to strike from the minutes that part relating to the investigation of the abortion expose. This is to be regretted as it is truly an unfortunate state of affairs when the accusation of investigating such a villainous scheme against the profession is laid at the door of one of its own members, and yet can neither be proved nor refuted.

MEDICAL ITEMS.

Pasteur and la Grippe.—Pasteur attributes influenza to a microbe, and advises the inhalation of oxygen.

Sundown Doctors is the title given to the clerks in the Department at Washington who have taken medical degrees, and who try to practice after they get home from their clerical work.

The Fiftieth Commencement of the Baltimore College of Dental Surgery will be held on Thursday, March 20, 1890. All graduates and friends of the College are invited to be present.

Laboratories.—New York and Brooklyn have four well-equipped pathological and biological laboratories. The trouble is now to find workers in them. "The harvest is rich, but the laborers are few."

A Leading Question.—A young physician was showing a friend a recent purchase he had made in the way of a skeleton. "Very interesting," commented his friend. "One of your patients, doctor?"—*Exchange.*

A New Operation for Epilepsy, recommended by Dr. William Alexander, of Edinburgh, consists in the removal of the cervical ganglia of the sympathetic. Dr. Alexander has abandoned his operation for ligature of the vertebrals in epilepsy.

The Greatest Number of Births in England occur in the month of February, and the least number in June. It is in May, therefore, that men's fancies most intensely turn to thoughts of love; while September is the coldest month of the British year.

A Hypnotic Society.—A number of London medical men have united to form a hypnotic society, the purpose

of which will be to prevent by law public exhibitions of mesmerism and hypnotism. Another object will be to study privately and in a scientific manner, the phenomena of those morbid states.

Love and Madness.—A male attendant of the insane asylum of Columbus, O., eloped with one of the patients, a young lady æt. 19 years, on January 19. The patient had been in the asylum six months, and her case was not considered serious.

The Bacillus of "Influenza".—Drs. Maximilian and Jolles, of Vienna, claim to have discovered the bacillus of la grippe. The discovery, they state, was quite accidental. The new bacillus is said to be quite distinct from Koch's comma bacillus, but resembles, somewhat, the bacillus of pneumonia.

The Berlin Congress.—Dr. William Goodell, of Philadelphia, has been invited by the Gynæcological Section of the Tenth International Medical Congress, which is to be held in Berlin during August of this year, to open the discussion on the Induction of Premature Labor, by a paper on that subject.

A Very Peculiar Suit.—A peculiar suit for damages has been brought against a Philadelphia physician. The complainant states that the doctor in question positively pronounced her to be pregnant, but time proved the erroneousness of the diagnosis. She therefore brings a suit on the plea of "bringing disappointment."

The End not Justifying the Means.—A surgeon in Tennessee is reported in the local press as the hero of the following interesting item: A patient brought his amputated finger to the doctor, who sewed the finger on, being drunk when he did so; the doctor sewed it on with the plain surface turned the wrong way. The doctor, after sobering up, wanted to amputate the finger and put it back right, but the patient declined. The doctor can now be punished whenever the patient points that finger at him.—*Med. Record.*

American Pharmaceutical Association.—We have received from the Chairman, Prof. H. M. Whelpley, of 2647 Olive Street, this city, a prospectus of the next meeting (the 38th annual) of this Association, to be held at Old Point Comfort, Va., commencing Monday, September 8, 1890.

A list of 98 queries on pharmaceutic and therapeutic subjects is subjoined, for the purpose of suggesting topics for papers and discussions.

To encourage investigation, the Ebert Prize is offered "for the best essay or written contribution containing an original investigation of a medicinal substance, determining new properties, or containing other meritorious contributions to knowledge; or for improved methods of determined merit for the preparation of chemical or pharmacal products; provided, that in case no one of the essays is of sufficient merit to justify the award, in the judgment of the Committee on Prize Essays, all may be rejected and the sum added to the Fund."

A New Cure for Headache.—Several Moorish envoys have arrived in France. They are accompanied by a native doctor who, judging from an account received of his *modus operandi* from the Phocæan city, seems rather given to the adoption of heroic remedies. A negro servant had a headache, and as he had vainly applied slices of lemon to his throbbing temples, the medical gentleman took him in hand. Violently seizing the skin between the patient's eyebrows, the "doctor" bit it till it bled, and then taking hold of the man's ears he nearly pulled them off. But he worked a rapid cure. The headache was gone, at least so said the unlucky patient, and he ought to have known.

CORRESPONDENCE.

NEW YORK LETTER.

New York, January 28, 1890.

Editor Weekly Medical Review. The epidemic of la grippe may be said to be on its last legs in this city, though its effect will, no doubt, continue to be felt for some time to come. While it lasted, it was certainly a matter of very considerable importance, since, owing to its influence, the mortality of the city was more than doubled for the time being when it was at its height. During the week ending January 4, the number of deaths reported was 1,202, or 39.31 per thousand of the estimated population, and during the week ending January 11, the number was 1,424. This represents a death-rate of nearly 50 per thousand inhabitants, while the average death-rate for the entire year of 1889 was 25.12 per thousand. The epidemic then began to decline, and in the week ending January 18, the number of deaths declined to 1,151. During the week ending January 25, it further decreased to 872, representing a death-rate of 28.16 per thousand inhabitants. The mortality will, no doubt, continue to diminish, as all the ordinary zymotic diseases are less prevalent than usual this winter, and it is a matter of record that in the early part of December, just before the epidemic began, the death-rate was the lowest ever reached since the vital statistics of the city have been kept.

The influenza was the subject of a paper by Dr. L. F. Bryson, and of a discussion by a number of prominent physicians at the last meeting of the Section of Practice of the Academy of Medicine.

The first speaker was Dr. Charles L. Dana, who devoted his attention mainly to the nervous manifestations of the disease as it has occurred in New York, but also gave his views on its etiology. The whole course of this affection appeared to him to show conclusively that

it was due to a specific germ, but from what we know of other germ-diseases it was manifestly impossible, he thought, for such a contagion to travel from St. Petersburg to New York in the short space of one month, the epidemic having made its appearance in the former city about the middle of November, and in the latter about the middle of December. It was, therefore, his conclusion that the germ of epidemic influenza was already in this country, and he furthermore expressed the opinion that this germ is distributed throughout the entire world. In order that the disease may be produced to any extent, however, the additional element of some epidemic influence is required; though as to whether this is telluric, electrical, or of some other sort, speculation has not as yet been very fruitful. While it has been claimed in Vienna that the microbe of the disease has been found, the bacillus so designated has not been shown to be capable of reproducing the affection, and he, therefore, does not believe that this important discovery has yet been made.

During the week when the epidemic was at its height, no less than 384 deaths from pneumonia were reported in the city, and in the discussion Dr. Francis Delafield gave the results of the pneumonia and bronchitis which have played so important a part in its history. Every one, he thought, must have been struck with the frequency with which these two affections are met with.

As regards the bronchitis, there were two points which had repeatedly attracted his attention, and the first was the very satisfactory way in which the apparently very bad cases got well. Often there was great difficulty of breathing, with considerable rise of temperature, and expectoration of blood as well as mucus; yet he had been surprised to see how well such patients had done, and in what a comparatively short space of time they began to improve. The second point was the large number of individuals who, while they had a general bronchitis as far as the large tubes are concerned, and localized bronchitis involving the smaller tubes, yet remained free from any implication of the lung tissue.

As to the pneumonia, he thought that every one must have been impressed with the fact that almost all those who were attacked by pneumonia had with it a great deal of bronchitis. In these cases of pneumonia there was a considerable difference, and he had observed altogether four classes among them.

In the first the cases were very mild. The temperature did not run high, and there was very little dulness on percussion. There were some subcrepitant rales over a portion of the lung; but these cleared up within a few days. In the second class of cases the patients did not seem to be very sick, and did not have a very high temperature; but they had considerable bronchitis and perfectly well marked consolidation of one lobe, which lasted for one or two weeks, and then they got well. The third class was composed of those who had fully developed consolidation of the lung, which runs on for quite a long period. The temperature rose perhaps to 104°, and did not go down. After ten, or even twenty, days it would still be found that the consolidation had not cleared up. In many cases, however, even after this very long time, the lung did clear up, the temperature fell and the patient recovered.

The fourth class was made up of the very bad cases. In most of them, together with the pneumonic consolidation, there were evidences of a great deal of bronchitis. The action of the heart was poor, and there was stasis of the blood in the veins. When this condition had been established the cardiac action grew very rapid and feeble, and expectoration became suppressed. Such patients seemed to do badly, no matter what treatment was pursued. Some seemed to be relieved for a day or two, and then the grave symptoms all came back again. In a smaller number death occurred as in ordinary lobar pneumonia.

Dr. W. P. Northrup spoke particularly of the ages of those attacked. In the New York Foundling Asylum, where there are between 700 and 800 inmates, not one diagnosis of influenza was made among the children under 2 years of age; while in those from 3 to 5 years old something like 15 or 20% suffered. The attack was usually characterized by moderate febrile movement and more or less bronchitis; but all of the children rapidly and completely recovered. It was noticeable that there were rather more than the usual number of pneumonias in the house at this season of the year, but, on the other hand, the disease was less fatal than usual.

Among the adults in the establishment who were affected with influenza all the worst cases occurred in those between the ages of 18 and 25; and among the young women there were several severe cases of pneumonia and one of Bright's disease. Of the entire number of innates who were from 2 to 25 years of age, about 80% had the disease, though many of the cases were very mild. One curious feature about the epidemic in the foundling asylum was that all the wards were visited by it except one, and this one entirely escaped, notwithstanding the fact that there were plenty of cases of influenza in the wards all around it. It was also worthy of note that none of the pregnant women awaiting confinement in the Maternity were attacked.

Out of 52 old ladies at a Home where Dr. Northrup attends, only two suffered from the influenza, while among the younger women, acting as attendants in the institution, six out of fourteen had the disease, and one quite sick with it.

Dr. O. D. Pomeroy, who is a specialist, made some remarks on the eye and ear troubles resulting from the influenza, and stated that he had met with a larger number of cases of the latter than of the former. Both these classes of cases, he said, seemed to occur some little time after the disease had spent its force. At the Manhattan Eye and Ear Hospital he had seen six or seven cases of catarrhal conjunctivitis, and one case of very severe ulceration of the cornea; while in one case, not in his own clinic, there was complete ecchymosis of both eyes, such as is sometimes observed in whooping-cough. As regards the ear, he had found purulent oti-

tis of an acute character quite common. In this then a great deal of discharge and spontaneous rupture of the drum had not infrequently occurred. These cases are apt to be very violent, and on the whole the ear symptoms seem to be more frequent and of a graver character than was the case in scarlet fever. The trouble, he thought, was undoubtedly due to the spreading of an inflammatory process from the throat through the eustachian tube to the middle ear.

In regard to the treatment of la grippe, many of the participants in the discussion spoke highly of the effect of antipyrin in controlling the violent neuralgic pains so commonly met with, while some considered the use of this agent as accompanied with more or less danger on account of its depressing effects.

A carefully prepared paper on the physiological treatment of obesity, in accordance with the views of Voit, Oertel, Ebstein and other German authorities, was recently read at the Academy of Medicine, by Dr. Walter Mendelson. In brief, he considered the adipose tissue of the body as derived from three sources: First, from the fat resulting from the splitting up of the albumen of the food; second, from the transfer of the fat ingested as food; and, third, probably from fat formed from starches and sugars when these are taken in large quantities. As a rule, the increase of body fat resulting from the ingestion of fats, starches and sugars, he believes, is chiefly brought about indirectly, these substances, being more oxidizable than the albumen taken, preventing the fat derived from the latter from being consumed, and thus giving rise to an accumulation. In the great majority of cases he has found that ingestion of too great a quantity or of an improper quality of food, often combined with too little exercise, is the cause of obesity.

In the treatment, therefore, he said, we were to suitably regulate the diet and exercise; bearing in mind that the change we wish to bring about, to be beneficent, must be gradual; that the cells must be educated by degrees to the new duties we wish them to perform; and that anything approaching starvation, like the Banting cure, is to be condemned. In the course of the paper, Dr. Mendelson presented the following diet list for reducing fat, founded on Oertel's with some modifications:

Breakfast.—One cup (6℥) tea or coffee, with milk and sugar. Bread, 2½ ℥, (2 to 3 slices). Butter ½ ℥, 1 egg or 1½ ℥ meat.

Dinner.—Meat or fish, 7 ℥. Green vegetables, 2 ℥, (spinach, cabbage, string beans, asparagus, beet-tops, etc). Farinacious dishes, etc, 3½ ℥, (potatoes, rice, herring, maccaroni, etc.). Or these may be omitted, and a corresponding amount of green vegetables substituted. Salad, with plain dressing, 1 ℥. Fruit, 3½ ℥. Water, sparingly.

Supper or Lunch.—Two eggs, or ham meat, 1 ℥. Salad (radishes, pickles, etc), ¾ ℥. Bread, ¾ ℥, (1 slice). Fruit, 3½ ℥. Or fruit may be omitted, and bread, 4 ℥ substituted. Fluids (tea, coffee, etc.), 8 ℥.

No beer, ale, cider, champagne, port wines or spirits. Claret and bock in great moderation. Milk, except as an addition to tea or coffee, only occasionally. Eat no rich gravies, and nothing fried.

In the discussion following the paper Dr. S. Baruch spoke very highly of the value of the vapor bath, in the treatment of obesity. The Turkish bath, on the other hand, he said, while it temporarily diminished the weight was of no value whatever in the permanent reduction of fat. In this connection he spoke of the habit which many ladies had acquired of frequently taking Turkish baths in the hope of reducing themselves. His attention was first directed to the matter by an article in an English periodical which described the fair leaders of New York Society as frequenting the elegantly appointed bathing establishments, and after enjoying the luxury of the bath chamber, followed by massage, often whiling away many hours upon oriental divans in sipping wines, cordials, and even stronger alcoholic beverages. He was astonished by this account, he said, and believes it to be a libel upon our American women; but he determined to investigate the matter, and he found to his surprise and pain that there was only too much truth in the statement made. This he considered a serious evil and he thought it was the duty of physicians to do all in their power to diminish it.

According to the latest reports the fund received from the annual Saturday and Sunday Hospital collection amounted to nearly $45,000. It is expected by the hospital association that when all the returns have been received, the collection this season will reach the handsome sum of $55,000, and if this is the case it will beat the record of any previous year. Among the churches it is noticeable that by far the largest contribution, (amounting in all to over $6,350), was received from St. Bartholomew's Episcopal Church, where Mr. Cornelius Vanderbilt and others of the Vanderbilt family attend.

At a meeting of the Medical Society of the County of New York, held January 27, Professor Wm. H. Thompson, of the University Medical School, read a paper on "The Relation of Mal-digestion to Functional Nervous Disorders," in which he contended that a large proportion of such disorders, like those, for instance, which are often designated by the general term of neurasthenia, and due to the poisoning of the system by intestinal fermentation, and hence are to be chiefly corrected by the regulation of the diet and the administration of such antiseptic agents as will prevent this.

ACETANILID IN LA GRIPPE.

New Market, Mo., Jan. 28, 1890.

Editor Weekly Medical Review.—To-day in looking over the Review of the date of January 25, 1890, I noticed on page vii, under the heading of "Reading Notices" the use of antifebrin theoretically suggested in the treatment of influenza. I wish to say for the benefit of those of your readers who may not have used this remedy in the treatment of the now famous "grippe"

which has been, and is still, prevailing so extensively throughout the country, that they can hardly employ anything in its treatment that will prove more satisfactory to their patients, and creditable to themselves than acetanilid. I have been prescribing it pretty constantly ever since the inception of the epidemic in this section about two weeks ago, and only with the best results.

I have had some personal experience with the drug, and from this standpoint also, can testify to its beneficial effects.

It relieves the intolerable aching with which an attack of la grippe is ushered in in a very short time.

The cases I have treated from the beginning with acetanilid have uniformly recovered within a few days, without any untoward complication, such as pneumonia, which is said to be a frequent accompaniment of this affection.

I have usually prescribed for adults, from three to five grains every four hours, as required to induce a cessation of headache, napache, backache, etc. For children the dose is, of course, proportionately smaller according to age. Commonly only a few doses have sufficed to render the patient fairly comfortable and put an end to the attack.

J. S. Brown, M.D.

DR. DANA'S VIEW OF THE NATURE OF ELECTRICITY.

We are glad to receive and publish the following communication from Dr. C. Eugene Riggs, Professor of Diseases of the Mind and Nervous System in the St. Paul Medical College, St. Paul, Minn.

St. Paul, Minn., January 29, 1890.

Editor Weekly Medical Review.—In the issue of the Review for December 28, 1889, appears a resume of two papers, read before the New York Academy of Medicine, on "The Therapeutic Value of Electricity."

While concurring with Dr. Dana as to the value of electricity as a therapeutical agent, I beg leave to differ from him in regard to the nature of this something which we call electricity. It is now generally conceded that "electricity, no matter how produced, is one and the same thing;" the various terms frictional, galvanic, animal, thermo-magneto-electricity, etc., serving only to designate the manner of its origin. The recent writer on electro-therapeutics and physics to whom Dr. Dana refers in his article may be "elemental" and "lacking in grasp" when he advances the theory that electricity is a form of energy, but his own positive assertion that it is a condition of ether in a state of stress or motion is equally open to criticism. We believe with Dr. Dana that electricity is not "a form of energy;" there is electrical energy, but electrical energy is not electricity, it is electro-motive force applied to electricity. What the latter itself may be, no one in the present state of knowledge should presume to say. In the *Ther. Gaz.*, March 15, 1884, in an article entitled "Electrical Batteries and their Use," Dr. Dana says: "We suppose electricity, like light and chemism, to be a mode of molecular motion;" now light is a form of energy,and I think we are justified in the inference that at this time Dr. Dana considered electricity also to be a form of energy. This article was evidently written at an "elemental" period in the doctor's experience and five years is ample time in which to change one's theories on a subject so lacking in scientific certitude.

Numerous have been the hypotheses evolved to explain the cause of electrical phenomena. Neither the single nor the double fluid hypothesis is accepted in its entirety, at the present time, although some of the views held, in certain respects, resemble the former. By some persons electricity is supposed to be a particular phase of energy, by others an exceedingly tenuous form of matter, while still others assume that it is neither the one nor the other of these. Still another view attributes the phenomena observed to differences of ether-pressure, electricity itself being the ether and the differences of pressure the electro-motive force. This is the opinion of the author of Houston's Electrical Dictionary, though for definition he can only say that "electricity is the name given to the unknown thing, matter or force, or both, which is the cause of electrical phenomena." In the present state of our knowledge of the subject any dogmatic assertion as to the nature of this something we call electricity is verily "elemental."

C. Eugene Riggs, M.D.

SELECTIONS.

THE PREVAILING EPIDEMIC.

Dr. De Fournes, in the *Journal d' Hygiene*, Paris, January 2, 1890: As might have been easily foreseen, the epidemic of influenza continues its peregrinations through the several quarters of the city, preserving always its essential characteristics of sudden outbreak, brief duration, and extreme benignity.

As was observed by Professors Zdekauer at St. Petersburg, Leyden, and Berlin, the disease ordinarily presents itself under the three following-named forms:

1. Nervous or neuralgic form, which comes on suddenly with intense pain in the back; high fever, with extreme agitation and tendency to syncope.

2. Catarrhal form, following more directly the ordinary course of the seasonable colds.

3. Gastric form, with predominance of constipation and hæmorrhoidal flux.

With regard to effective treatment, the majority of practitioners confine themselves to three methods: By sudorifics, sulphate of quinine, and antipyrine, in moderate doses.

Under these circumstances we can only deplore the clamor raised about this disease, thanks to the custom of interviewing, which constitutes, to speak plainly, one

of the calamities of our times, in view of the fact that its immediate consequence is to enervate the system, depress the energies, and engender fear and pusillanimity.

Paris has passed at other epochs through periods of excessive morbidity and desolating mortality; but at such times our great practioners and illustrious masters have been careful not to confide to the first reporter premature facts, chance valuations, and hypothetical deductions.

To-day every important journal which has the ambition to be and to appear to be well informed, applies to a medical celebrity, and at a sitting held in a comfortable chimney corner, installed in a luxurous arm chair and discussing over an excellent cigar,the young reporter writes the precious consultation from the master's dictation. And as all the medical authorities of Paris have at their disposal original theories and personal opinions, it follows that in a few days the public mind is confused with a medley of opposite opinions and advice.

How could it be otherwise, when an analogous situation is created in the full Academy of Medicine?

In the meeting of December 17, M. Proust introduced the subject of the dengue of the East. This communication, announced eight days in advance by all the journals of Paris and the provinces, should have thrown a vivid light on the situation.

In reality, each academician expressed his private opinions, and M. Proust had no hesitation in declaring that "to be in a position to formulate the diagnosis of dengue it would be necessary to witness the complete evolution of the epidemic."

We quote:

M. Proust.—"The epidemic now prevailing at Paris presents none of the classic characteristics of grippe. It belongs to the nervous form of influenza, but does not present the phenomenon of dengue fever."

M. Bronardel.—"I state that the epidemic is very benignant, and analogous to that observed in other cities. In my opinion, we are treating an epidemic of grippe, in spite of the absence of pulmonary catarrh."

M. Rochard.—"There is no confusion possible between grippe and dengue—the first ravages the North, the second the South."

M. Leon Colin.—"I coincide entirely with the diagnosis of grippe given to the epidemic; it is analogous to former epidemics."

M. Dujardin-Beaumetz makes serious reserves: "The phenomena which we observe to-day are so various that we can not say that we have to deal with a type of grippe."

M. Bucquoy calls the present epidemic "influenza," because this title prejudices nothing. Eight days ago he thought himself in the presence of grippe, but to-day he recognizes that "it is not the grippe as we understand it," and he asks "if it is not dengue modified by a northern climate?"

M. Leroy de Mericourt protests against the word influenza, "which is foreign and means no more than grippe."

M. Germain See recognizes that the malady in question is catarrhal fever—that is to say, old-fashioned grippe. Catarrhal pneumonia, in his opinion, occurs very frequently in the course of influenza:

"What is the nature of this pneumonia? Is it due to pneumococcus, or produced under the influence of a specific germ?

"Experiments are being made at St. Petersburgh to demonstrate and define the action of the specific germ.

"If these researches have any result we will hereafter have to be very careful not to attribute to the grippe the benign character generally accorded to it.

"As an infectious miasmatic disease it will hereafter command a reserved prognosis."

M. Bouchard, with clearness and precision, differentiates the two affections:

"Dengue is an affection which attacks everybody; it is contagious; it follows the route of human communication; it is spreading undeniably.

"Grippe, in my opinion, is not primarily cantagious. Indeed, grippe attacks thousands of individuals day after day, at points extremely removed. *It is due to atmospheric conditions.*"—*Sanitary Rep.*

ANTIPYRIN—ITS SUBCUTANEOUS USE.

Dr. L. Bach (*Ther. Gazette*), from a study of injections of antipyrin in one hundred different cases of various diseases of a neuralgic character, says:

1. Subcutaneous injections of antipyrin, as regards the production of local pain, is of the most varied action, the result evidently depending upon the individual disposition of the patient.

2. No difference between the first and subsequent injections can be made out.

3. Whenever possible, the injection should be made into the tissue of the muscles, since in this locality it is, at any rate, no more painful than in the subcutaneous tissue, and infiltration is avoided.

4. Previous injections of cocaine are to be recommended.

5. As recommended by Liebreich at the last Wiesbaden Congress, the injections should be made as near as possible to the seat of pain. An apparent exception to this rule is found in the fact that in hemicrania and orbital neuralgia relief will frequently follow with astonishing rapidity the use of injection into the deltoid muscle.

6. There is no probability of antipyrin ever being reregarded as a substitute for morphine.

7. Injections of antipyrin arrest pain in hemicrania and muscular pain, especially in lumbago and neuralgia of the sciatic and trigeminal nerves. In most cases the relief is permanent; in others it lasts from six to eight hours.

8. In articular rhumatism it seems to be almost a

specific, as, in the single case in which it failed to give relief, failure can be regarded as attributable to the complications existing in the case.

9. No difference is evident as regards its influence upon acute or chronic pain; it appears to act equally well in both cases.

10. The five cases in which chills, cold sweat, palpitation of the heart, and symptoms of syncope followed its use, show that its employment should be carefully watched, although in no case were the symptoms severe enough to cause any anxiety. Since in none of these cases was cocaine injected with the antipyrin, the results are attibutable to the latter alone.

11. Only in the rarest instances will these injections fail to produce some improvement.

In most cases the author employed a solution of antipyrin made in boiling distilled water. In other cases he employed a solution consisting of 150 grains each of antipyrin and water in which 3 grains of cocaine were dissolved, the latter solution being ordinarily less pain ful in its employment.—*Cin. Lancet-Clinic.*

INTESTINAL OBSTRUCTION.

Jonathan Hutchinson gives the following (*Arch. of Surgery*) as the principles which guide him in all cases of acute intestinal obstruction: He believes that in all cases in which obstruction is recognized, whether the symptoms are severe or mild, one of the first measures adopted should be the administration of an anæsthetic under the full influence of which intestinal spasm will be relaxed, and the passage of scybalæ, gall-stones, or other impediments favored. While anæsthetized, the patient's abdomen should be carefully examined by the surgeon, who should also use enemata, and practice abdominal taxis. An accurate diagnosis of the cause of obstruction is not often possible, and the early use of anæsthesia and taxis is successful in many cases, whatever the causation,and is prejudicial to but few. If these measures fail, and the symptoms increase after anæsthesia, exploratory laparotomy should be resorted to.

Intussusception in infants under 1 year should be treated wholly by taxis and enemata, as the prospect of recovery after abdominal sections at this age is exceedingly slight. In older children laparotomy is probably the best treatment. If the diagnosis is plugging of the gut by a gall-stone, belladonna should be freely administered, and if pain is severe, prolonged anæsthesia; also, systematic efforts should be made to force enemata be yond the ileo-cæcal valve. Under no circumstances does this latter condition justify an operation, as with the above measures the probabilities of recovery are great. In cases of long duration, either the "rest, opium, and starvation" plan, feeding entirely by the rectum, or repeated recourse to taxis and large enemata, should be adopted.

Mr. Hutchinson describes his method of taxis thus: Under full anæsthesia, the bladder and the bowels being empty, the surgeon forcibly and repeatedly kneads the patient's abdomen, pressing its contents in all directions. The patient is then turned on his abdomen, upheld by four strong men, and vigorously shaken. Following this he is supported by the feet, copious enemata given, and, while in this position, vigorously shaken upward and downward. The latter Mr. Hutchinson considers exceedingly important. However rough such treatment may seem, it is in no sense unscientific, but thoroughly rational, and its efficacy is attested by the report of Mr. Hutchinson's cases.—*Canada Lancet.*

ABSCESS OF THE LIVER—TREATMENT.

Before relating them, however, in order that the subject may be perfectly plain to those who have not paid special attention to it, I will tabulate some of the general principles in connection with liver abscesses, which teaching, reading and experience have taught me to regard in the light of pathological aphorisms.

1. That the hepatic abscesses of the tropics differ in no essential features whatever from the same forms of suppurations occurring in temperate zones, except in one single particular, that of relative frequency.

2. Men are far more liable than woman to liver suppurations.

3. Although an abscess of the liver may occur at any period of life, it is much more common between the ages of 20 and 50 than at any other.

4. Suppurations of the hepatic tissues are most frequently met with in strumous subjects; and the most unsatisfactory cases of all to treat are those in which a syphilitic taint is superadded to a constitutional struma.

5. The most noted predisposing causes to liver abscesses are struma and alcohol—even when alcohol is indulged in within what is usually regarded as the limits of moderation.

6. The commonest of all the exciting cases is a sudden chill, as pointed out by Sir William Moore.

7. All abcesses of the liver tend to evacuate themselves by burrowing their way to the surface of the organ, and seeking an outlet for their contents either directly through the abdominal walls, or indirectly (in general) through the pulmonary or digestive systems.

8. It is futile to evacuate a liver abscess either by knife or trocar so long as a free opening is not left to give escape to the subsequently formed pus.

9. When an accumulation of pus has taken place in the liver it not only tends to do serious michief by causing disintegration of the hepatic tissues, but, from its becoming putrid, to kill the patient by blood-poisoning. This likewise occasionally happens when hyatids of the liver suppurate, which they frequently do when they contain daughter cysts.

10. Cancerous and tubercular deposits in the liver, by disintegration, sometimes lead to the formation of purulent formations.

11. As a natural corollary to these facts, I think a

will admit that so soon as the existence of purulent matter is detected it should be evacuated, and the speedier this is done the better will be the patient's chance of recovery—Vaughn Harley, M. D., in *Br. Med. Jour.*

Tamponade of the Uterus in Post-Partum Hæmorrhage.—Several papers have appeared in advocacy of the uterine tampon in post-partum bleeding which does not yield to the more usual and simple measures, such as massage over the fundus, the hot or cold intra-uterine douche, ice without and within the uterus, etc. At the third meeting of the German Society of Gynæcologists held in Freiburg in June, 1889, Duhrssen (Berlin) opened a discussion on the subject, and claimed to have been the first to put the method into practice, to prove its freedom from danger and its blood-stilling action, and to show that its results depended on its early application—a point the neglect of which explains many failures of result.

The hæmostatic effect of the intra-uterine tampon is due, on the other hand, to the awakening of uterine contractions, and on the other to compression ; and its use is therefore indicated in uterine inertia in the third stage of labor, in atonic hæmorrhage following placenta prævia, and in hæmorrhage from a torn cervix. The best material for the tampon is iodoform gauze (10-20 per cent.) in strips three or four inches wide, or, failing this, absorbent cotton or linen previously made aseptic. Duhrssen had used the intrauterine tampon in fifty-seven cases, and in only one had he failed to arrest the hæmorrhage.

Olshausen did not agree with Duhrssen, and thought that although a pressure tampon might often be of value in hæmorrhages from the torn cervix, the use of the tampon within the uterus was irrational and not without danger. He thought that atonic hæmorrhage after labor should very seldom occur in the hands of an experienced physician, and that when it did occur, massage was more to be recommended than the tampon.

Viet agreed with Olshausen, and thought the intra-uterine tamponade was dangerous and difficult of application

Dohrn thought the method not dangerous, and very effective in atonic bleeding; he had used it successfully in five cases, and thought the obstetrician should always carry iodoform gauze in his armamentarium.

Kustner had often made use of the tampon, thought highly of it, and had never seen any evil effects from its use.

In conclusion, Duhrssen begged those who disagreed with him to try his method.

[In this country the reporter is not aware that the intra-uterine tampon has ever been used; and while it may probably be of value in hæmorrhage from tears in the cervix or vagina, its use for atonic uterine hæmorrhage does not as yet commend itself to his judgment. Massage, ice and the hot or cold intra-uterine douche seldom fail in experienced hands, and certainly inexperienced hands could not effectively apply the intra-uterine tapon.]—Dr. Green, in Boston *Med. and Surg. Jour.*

Oil of Wintergreen in Rheumatism and Gout.—During my two years' residence at the Stockport Infirmary, I used a liniment composed of equal parts of olive oil and oil of wintergreen, locally, in forty cases of rheumatism. In the acute cases it was painted over the joints, and in the chronic ones it was well rubbed into the affected parts. After the application of the oil, the joint was wrapped in cotton-wool and lightly bandaged. This liniment eased the patients very considerably, and several of them went to sleep after its use; in the majority of cases, pain ceased for some five or six hours after its use. The internal treatment was salicylate of soda; in the acute cases large, and in the chronic small, doses of this drug were used. I alluded to these cases in a short letter I sent to the *Hospital Gazette* about eighteen months ago, and later in the *British Medical Journal.* Since that note was written I have used it in several cases more, so that I have tried it in considerably over a hundred. I rarely use it in acute cases now, preferring simply to lightly cover the joints with cotton-wool; when the pain is very excessive I recommend a little of the oil to be applied.

In chronic cases, however, I use the oil of wintergreen very extensively in the following formula, which is very similar to the old one except that I add a little soap liniment, which seems to increase its powers.

The oil of wintergreen is very satisfactory, and in almost every case gives relief, and I have only notes of four who did not derive any benefit from it. One female patient could not use it on account of the smell, but none of the others objected to it.

I have lately used the oil for acute gout, but only in six cases, having it painted over the joint, or, if the patient could permit it, having it rubbed in. After my last article I had a few letters from practitioners asking where the oil could be procured, and the price. I believe it can be procured at any wholesale druggist's; Ferris, of Bristol, quotes it at a shilling an ounce, but it must be remembered that, although it is very expensive, still one does not use much, my prescription being:

Oil of wintergreen, - - -	ʒij.
Olive oil, - - - -	ʒiij.
Soap liniment, - - - -	ʒiij.

and a very little of the liniment is used, especially as I caution the patients against using too much, and if the rheumatism is limited to one or two joints, I recommend applying cotton-wool after its application and then bandaging. I hope in another article to publish the experience of some other medical men with the oil of wintergreen.—James D. Staple, M.R.C.S., L.S.A., in *Hospital Gazette.*

Albuminuria and Life Insurance.—The *Journal de Medecine de Paris* gives a communication from M. Pavy on the prognosis to be made in the special cases

of applicants for life insurance. As insurance companies do not accept applicants who, on examination, are found to have albumen in the urine, it is very important that the doctor should examine such applicants with the greatest care, as there is often undue importance attached to small quantities of albumen.

M. Pavy thinks that albumen following excessive exercise, after an attack of cold, after the use of certain kinds of food, are only transient cases and consequently ought not to prevent the applicant from acceptance by the insurance company.

Along with these cases of albuminuria should be placed those intermittent cases in which the prognosis is always favorable.

Again, in chronic cases a distinction should be made between those in which only traces of albumen are found, and especially if no other symptom of Bright's disease exists, and the cases in which the quantity of albumen present is great and accompanied with œdema of the limbs, etc. Only those cases of confirmed Bright's disease should be excluded by life insurance companies.

It is, therefore, a great injustice to the applicant to reject those cases in which the albumen in the urine is only transient.—*Sanitarian.*

A New Typewriter.—All professional men will be delighted when they read that a cheap, simple, rapid and durable typewriter has been invented, the retail price of which is $15. This machine is so rapid that in a few hours one can write faster than with a pen, so simple that the veriest child can write with all the ease of an adult, and so durable that it will outlast any other machine ever before placed on the market. It is indeed a boon to those who have writing to do and who were unable or unwilling to pay the exorbitant prices hitherto charged for typewriters, for it will bid "good-bye" to the aching wrists, cramped fingers and red eyes. H. M. Strader & Co. are the manufacturers' agents and have the machine on display at their salesroom, 608 and 610 Walnut street, St. Louis. Call on them or write for a catalogue.

Electrical Stimulation in Apnœa during Anæsthesia.—Drs. Hare and Martin advocate the use of the electric brush to the epigastrium in this condition, the other pole being applied to the base of the rib, not on the pneumogastric in the neck. Rapidly interrupted currents are used. They claim danger as existing when stimulation of the phrenic as ordinarily done is tried, because of the closeness of the cardiac inhibitory nerves to the latter. In noticing direct stimulation of the heart by œsophageal electrodes some time ago in one of these reviews, I called attention to this danger. There is, however, little risk in using Faradism in the ordinary way, and it is equally serviceable as galvanism in all the instances, such as failing respiration from opium poisoning, and the like.—*Times and Reg.*

USEFUL FORMULÆ.

Pills for Metrorrhagia.

Pulverized ergot,	grains,	75.
Subcarbonate of iron,	"	75.
Sulphate of quinine,	"	15.
Extract of digitalis,	"	7.

Mix, and make into fifty pills, of which two may be taken three times daily.—*L'Union Medicale.*

For Acne.

Gailleton has employed with success the following pomade:

℞ Iodochloride of mercury, - gr. ivss.
Ung. simp., - - - - - - ℥j.

M. Sig.: Apply with prolonged frictions. The reaction is very energetic.—*Revue de Ther.—Times and Register.*

A Remedy for Neuralgia Without Morphine.

Antipyrin,	ʒiij.
Ex. cannabis Ind., } Ex. aconite, }	aa. gr. vss.
Caffein,	ʒss.
Hyoscine hydrobrom,	gr. ⅓.

Divide into thirty capsules.—*Journal of American Medical Association.*

Prescription for Acne.

Naphthol,	parts,	10.
Precipitated sulphur,	"	50.
Lanolin,	"	25.
Green soap,	"	25.—M.

This should be thinly spread upon the skin, rubbed off in fifteen minutes, and the part dusted wish talc.—*London Medical Recorder.*

Iodoform in Cystitis.

℞ Iodoform,	grains,	50.
Glycerin,	"	40.
Distilled water,	"	10.
Tragacanth,	"	25.

M. D. S.: Add a spoonful of this emulsion to one-half litre of warm water and shake thoroughly.

The injections should be repeated every three days until four have been given, when once a week will suffice.—L. Frey, *Revue de Ther.—Times and Register.*

Treatment of Pigment Spots, or Chloasma, in Pregnant Women.

Dr. M. V. Moreier, in the *Monatsheft f. Prakt. Dermatologie* recommends the following salve for the treatment of the pigmented spots, or chloasma, not unfrequently observed in pregnant women:

℞ Cocoa butter, } Castor oil, }	each 2½ ounces.
Oxide of zinc,	4½ grains.
White precipitate,	2 grains.
Oil of roses,	q. s.

Sig. Apply morning and evening.—*Le Bulletin Medical.*

ORIGINAL ARTICLES.

THE EARLY DETECTION OF PULMONARY CONSUMPTION.

BY WILLIAM B. CANFIELD, A.M., M.D., OF BALTIMORE.

Chief of Chest Clinic, University of Maryland.

Read before the Medical and Chirurgical State Faculty of Maryland. Its Semi-Annual Meeting held at Hagerstown, Maryland, November 12 and 13, 1889.

The relation of rare cases, the presentation of unusual specimens, and the reading of deep papers, make up the usual programme of our medical societies. Still we should not forget that in the absence of anything new under our present luminary, old subjects may often, with advantage be renewed, typical cases and specimens may be exhibited, and indeed facts must be repeated and repeated until their importance becomes impressed upon each one of us. It is this reason that has induced me to take up the old theme of the early detection of pulmonary consumption. There can be no doubt in any one's mind but that prevention is better than cure. Unfortunately, in pulmonary consumption the physician is generally called in too late even to hope to effect a cure. Up to within a few years ago, consumption when detected was considered absolutely hopeless, and the physician's only duty was to try to alleviate the accompanying suffering and produce a painless euthanasia. This plan of treatment was followed because the disease was recognized at too late a stage. Although the judicious use of auscultation and percussion, and in fact, of what is called physical diagnosis in general, had done much toward mapping out with comparative accuracy, the locality and extent of the lung lesion, still even before this method was used, the keen observer by other signs and symptoms often suspected the fatal disease at a time when the most skilful diagnostician could have found no physical signs of it.

Now that that newer department of medicine, bacteriology, which too many consider unpractical and as belonging to the pathological laboratory, has given us a more certain evidence of the early approach of consumption, we need rarely be in doubt. Every since the discovery of the bacillus tuberculosis by Koch, few or no important observers will deny its causative relation to tuberculosis in general and pulmonary consumption in particular. The discovery by Koch has given us one solid fact. If we find the tubercle bacillus in the sputa, consumption is present, and if after a sufficient number of examinations the bacillus is not found, then there is, generally speaking, no consumption. I was in Vienna at the time that Koch's discovery was announced, and noticed there how at first it was received with incredulity by Nothnagel, Bamberger and others, and how they all gradually came over to Koch's opinion; and again and again have I seen the statement, no bacillus, no consumption, and where there is a bacillus there is consumption, proved in the wards of the General Hospital at Vienna, and in the Charité at Berlin. This ocular demonstration and positive proof was much more convincing to me than if I had simply read these statements in the various journals and text-books. In every case examined in the wards in the foreign hospitals, clinical and microscopical examinations are made of the secretion and excretion of each patient in the little laboratory attached to each ward, just as it is done at the Johns Hopkins Hospital. Thus it was that in a great many cases where little history and absolutely no physical signs could be found the microscope showed the presence or absence of bacilli, and this rendered the diagnosis certain.

In the large number of cases under my care in the Chest Department of the University Dispensary, Baltimore, and of some in private practice, I have frequently had cases presenting histories of obstinate continued tickling cough, hoarseness, fever, emaciation, but with no marked physical signs. In such cases I always examine a specimen of the morning sputa and I have often had the satisfaction of early detecting the bacilli. Although such an observer as von Ziemssen may say that tuberculosis of the larynx is always secondary to that disease of the lungs, still we know that the larynx often gives the first cause of complaint, and through this the disease has been detected when there were absolutely no physical signs in the lungs.[1] In most of my cases, even after the early diagnosis, the fatal result could not be averted, but in some, quick action has succeeded in staying the progress of the wasting, and a cessation of the symptoms. Of the poorer class at the dispensary, I sent a selected number to a small private hospital which I attend, and several times I have been rewarded by seeing great improvement, and in more than one case stopping the disease. In several cases detected very early by the presence of bacilli, the climatic cure was insisted upon at once, and, as you all know, this is the cure giving the most hope of success. The great trouble was that in young people, and especially men, as I noticed in one case, the desire to go on with their work has cut short the climatic treatment and started up the disease afresh. One case which I had last year was almost well, but a return to business renewed all the old symptoms, and before he could sufficiently rally he died. In another case, which went so far as to have breaking down of the right lung with a cavity, this cavity is now so small that it can only be found with great care.

In examing sputa the two most important abnormal ingredients are elastic tissue and tubercle bacilli. The latter alone are pathognomonic of pulmonary consumption; the former may be present in any breaking down

[1]Since writing the above, a case which had been examined by several physicians and pronounced nervous cough, came into my hands. Auscultation and percussion yielded negative results, but the first examination of the sputa revealed bacilli in abundance.

of the lung whether tubercular or not. There has been an attempt made to measure the severity of the case by the number of bacilli found. This is not always practicable, as many bad cases show few bacilli and light cases expectorate sputa laden with bacilli. What I claim then, from my own experience only, and it is nothing original, is that the microscopical examination of the sputa for tubercle bacilli is so easy, and in doubtful cases so important, that no physician should fail to undertake it or have it done for him for the sake of the patient. The early detection of such cases as apparently begin in the larynx, or have sufficient cough, emaciation and fever to cast suspicion on the lungs, will enable the patient to be sent to a proper climate before it is too late, and from this treatment there is much to be expected as we all know by experience.

A few words about the technique will close this subject. The method of looking for these bacilli is soon learned after a little practice by one already familiar with the use of a microscope. Others may not find it so easy, and there may be danger of drawing too hasty conclusions by those not versed in these matters. To examine the sputa for tubercle bacilli, the patient is requested to bring a specimen coughed up in the morning when free from food, on waking up. I generally have it expectorated in a wide-mouth bottle, and then tightly corked. This is labeled at once and may be examined at once which is best, or may be delayed several days without much harm. The bottle is tipped up on the side and a bit of those yellowish or opaque masses is spread on a clean cover glass with a sterilized platinum needle, or is taken with sterilized forceps and put into the center of a clean cover glass upon which a second cover glass is pressed, and then the two are drawn apart and allowed to dry They are then passed through the alcohol or Bunsen flame to coagulate the albuminous substance and fix the layer on the glass. Good microscopists, with the aid of strong lenses and strong light may have detected the bacilli unstained, but such a procedure is uncertain and time wasting. The principle of rendering the bacilli visible by staining them has been clearly enunciated by Koch and modified, but not improved, by a host of followers. The principle of all is about the same, namely, to overstain the specimen and then decolorize, experience having shown that the bacilli retain their color better than the cells and other matter. The stains most commonly used are fuchsine or magenta, properly called hydrochlorate of rosaniline, and methyl-violet or gentian-violet. The coloring fluid which I find most convenient and durable is made up of

Fuchsine (by weight), - -	1 part.
Absolute alcohol, - - -	10 parts.
Solution carbolic acid (5%), -	100 parts.

This keeps better and longer than the ordinary aniline solutions, which should be prepared fresh for every examination. The cover glass, with sputa side downwards may be floated on the staining solution in a watch glass which is held on a wire gauze over the flame to hasten the coloring, or a few drops of the stain may be dropped on the cover glass, which is then cautiously held over the flame high above it until the bubbles break on the surface; the glass is then dipped into diluted nitric acid (one to three or four), until slightly decolorized, then directly into water, to stop the decolorizing process, or some prefer to pass it from the acid into alcohol. For immediate examination it is laid on a slide, the excess of liquid taken up by blotting paper and examined. An immersion lens is generally used to find these bacilli, but good dry lenses are made of sufficient strength and definition, such as the one I here show you, made by Queen, of Philadelphia. Indeed, the bacilli may be recognized with 350 diameters, although it is not desirable to use less than 500. The method of staining and double staining other than these I shall not mention, and will only add, in conclusion, that I shall be pleased after the session, to demonstrate to any of the members the method described here.

1010 North Charles Street.

A SUGGESTION AS TO THE TREATMENT OF HEPATIC COLIC.

BY C. H. CRISTOFFE, M.D., FESTUS, MO.

In the year 1886 I was attending a lady for a case of ascites caused by a functional trouble of the liver of malarial origin.

Under the usual treatment I did not notice much improvement; one day by mistake I added to her medicine carbolic acid in the place of muriatic acid, which I was using. Next day I found my patient very much pleased with her new medicine; three days after, the ascites and the trouble of the liver were gone, and a few days later she was up and getting along very well.

Was it the result of the carbolic acid or of the other drugs administered with it? I thought I would find out with the next analogous case. I had not the chance until lately to make the experiment:

Case I.—On October 4, I was called in haste to visit Mrs. W., a German, æt. about 60 years.

The evening before she had experienced a painful crisis which I judged to be from the explanations I could get and the existing symptoms, an attack of hepatic colic.

The doctor, she told me, had relieved her by an hypodermic injection of morphine.

The patient yet felt a painful sensation in the right hypochondrium, radiating to her back, aggravated by pressure; the other symptoms were constipation, slimy and bilious vomiting, want of appetite, emaciation, weakness, enlargement of the right hypochondrium and of the liver, which extended below the costal arch. Urine was dark in color. The pulse was about normal and there was no sign of icterus except in the slightly yellow colored conjunctivæ.

For some time the health of this lady had been bad;

she had experienced the same attacks of colic at varying intervals, but during the last three months they had become aggravated, more painful and frequent, being felt once or twice a week.

Before adopting a definite plan of treatment I thought it better to study the case and see my patient once more, but in order not to appear inactive, and remembering my success with the previous case, I prescribed the following solution:

Campho-phenique, - - - ℥ij.
Sulphuric ether, - - - - ℥iv.
Syrup. zingiber., - - ad. ℥iv.

Sig. From a teaspoonful to half a tablespoonful every four hours.

I called three days later and found the patient a great deal better; all the bad symptoms were greatly abated.

I then concluded to stick to the campho-phenique.

The eighth day, after the administration of a saline purgative to relieve her usual costiveness, the patient had another violent attack of hepatic colic, which I relieved by an hypodermic injection of morphine; and it was the last manifestation of her disease.

I followed the course of the same treatment till November 12, viz.: for five weeks, and now Mrs. W. is in very good health.

Case II.—On October 29, 1889, Mrs. K., also a German, æt. between 35 and 40 years, was for eight days forced to keep her bed on account of a great weakness caused by daily attacks of hepatic colic coming at irregular intervals, by day or night; pain in the epigastrium and the right hypochondrium, radiating around to her back, her shoulder and neck; there was suffocation, restlessness and terrible suffering; she lay doubled up continually; there was slimy and bilious vomiting, general and deep colored icterus, constipation, loss of appetite, bad digestion, emaciation, etc.

Treatment.—Hypodermic injections of morphine, inhalations of chloroform, emplastrum belladonna on episgastrium and liver—internally campho phenique.

Within nine days the icterus was entirely gone; my patient came by herself on foot to get her medicine at my office; one week later she was able to do her housework, washing excepted.

Her digestion, yet imperfect, is assisted by doses of pepsin, bismuth with hydrastis or elixir of lactopeptine.

Excepting purgatives, it is the only medicine given aside from the campho-phenique.

The first hepatic troubles she felt took place, according to her statement, at the same time that the icterus made its appearance, in the beginning of January, 1889, and increased all the time, in spite of medical attention.

The early attacks were monthly, then bi-monthly, weekly, bi-weekly, and, during the last few days before she called me, daily. They were stopped at once as soon as she took campho-phenique.

My limited practice and also the short time in which I intend to contine practicing medicine will probably prevent my having more cases of the kind in which to use it; it is for that reason I suggest to my confreres to try the treatment, being convinced it will be of material assistance in such cases.

OLIVE OIL A SUCCESS IN GALLSTONES, AND PILOCARPINE "A SPECIFIC" IN JAUNDICE.

BY JNO. I. SKELLY, M.D., PEKIN, ILL.

At the present time olive oil seems to be attracting considerable attention as a remedy for gallstones. The success I have had with it is my apology for this paper. My first experience was in May, 1883. The April number of the *Southern Practitioner* for that year, vol. v, p. 165, contained an article by Dr. F. Loeber, of New Orleans, taken from the New Orleans *Med. Jour.*, on "Gallstones Successfully Treated with Olive Oil." The doctor had read, many years before of the remarkable success that a Wisconsin doctor had had in treating a severe attack in his own person, at the suggestion of a neighbor farmer. "The treatment as recommended is to give the patient—after the bowels have been moved by a light laxative or water enema—a large dose of olive oil, ℥x–℥xij."

"After taking, the patient must remain perfectly quiet in bed, lying on the side, with the pelvis slightly elevated for three or four hours or until the oil moves." Dr. Loeber's first case was a British seaman æt. 46 years, who had been treated in a Liverpool hospital just prior to shipping for New Orleans, for a similar attack of jaundice and hepatic colic.

The doctor exhausted the classic remedies without permanent benefit, and resolved to try olive oil. His surprise could have been equaled by nothing but the gratitude of his patient, for the man was effectually relieved of his suffering and passed great quantities of gallstones—some as large as walnuts.

At the time of writing this paper, Dr. Loeber had successfully treated four other cases—three females and one male; all living in New Orleans and all remaining well, but taking good care to keep constantly on hand a bottle of olive oil.

Shortly after reading Dr. Loeber's paper I had an opportunity to try the plan of treatment suggested. An old lady, æt. 65 years, who had had numerous attacks of hepatic colic, sent for me. I took with me a pint of the purest olive oil I could get. I found the lady undergoing all the agonies of gallstone colic, as her attending physician pronounced it. She had taken several hypodermic morphias but with no relief. She was immediately given olive oil, f. ℥viij. and f. ℥vj in two hours after.

In about an hour after taking the last dose the bowels began to move and at least a handful of gallstones passed during the afternoon and evening. None of them were larger than a filbert. She has never had any trouble since that I know of.

Another lady, æt. 68 years, who had also had severe previous attacks, was similarly treated, and with equally good results, passing a number of gallstones, some of them showing plainly, facets due to attrition.

A third case was a farmer æt. about 40 years. Never had had a previous attack. In this case I did not see the calculi as the vessel was carelessly emptied before I had an opportunity to inspect the discharge. I think, however, there was no mistake in the diagnosis, and the oil did the work as successfully as in the other cases.

I have had but the three cases in my own practice but have known of the treatment meeting with success in the hands of others, and so far, I know of no failure, though I do not laud it as specific. Success must depend upon a patent duct.

Another thing that is attracting favorable notice is

Pilocarpine in Jaundice.

The Weekly Medical Review, vol. xx, p. 386, has a short paragraph in "Reports on Progress," in which a Russian, Dr. Witkowski, claims pilocarpine to be a specific for jaundice, when not dependent on malignant disease. This short paragraph proved an angel's visit to me. I was treating a lady, æt. 38 years, multipara, for a persistent jaundice, with attacks of colic equal to any hepatic or renal colic I have ever witnessed. "She had been the rounds." All the doctors in the country had been consulted that had been thought at all likely to afford any relief. She had, as she expressed it, taken little pills, and big pills, drank all kinds of teas, and applied every variety of plaster and poultice. I very naturely suspected gallstones, but no form of treatment prescribed gave any relief.

I was soon satisfied that the jaundice depended upon stenosis of the common duct from duodenitis, and seeing the item in the Review, resolved to try it at once. Five grains were dissolved in an ounce of distilled water, and twenty drops were injected into the arm once a day. Merck's hydrochlorate was the preparation used, and was so potent that there was not a pain after the first injection was given. In one week the jaundice began to disappear and was entirely gone; in three weeks treatment was discontinued. This woman had suffered the torments of the damned, almost regularly every other day since July 1, and nothing had given her any relief. Morphine was powerless; quining and arsenic had been taken for months, and everything that would be at all applicable in her case had been tried in vain. Being a stranger, I suppose, was the only reason why I was consulted. She had tried nearly all the doctors of her acquaintance.

In an experience of over twenty years I have never known any remedy to act so like a charm as pilocarpine did in her case, and of course so far as this experience goes it confirms Dr. Witkowski's claim, that "hydrochlorate of pilocarpine is a specific for jaundice when not dependent on malignant obstruction of the common duct."

REPORT ON PROGRESS.

PATHOLOGY AND BACTERIOLOGY.

BY WM. N. BEGGS, A.B., M.D., ST. LOUIS.

On the Pathology of Nerve Terminations in the Muscles of Animals and Man.

Babes and Marinesco give the following as the result of their investigations of this subject:

By means of an apochromatic homogeneous immersion lense and a special modification of gold chloride staining method, they observed in the terminal segment of the axis cylinder of the terminal plaque in the lizard two substances. One, strongly colored by the gold, is prolonged into a network. The other is paler, fundamental in character, and seems connected with the pale substance of the plaque. The sheath of Schwann spreads out, covering the plaque and uniting with the sarcolemma. The dark substance forms numerous sinuous ramifications, communicating with each other by arches, and have lateral branches terminating in crosses. In this portion there are many rounded nuclei, stained dark violet by methyl B. The pale substance seems to be a continuation of the dark substance which it surrounds. Normally, fine lateral branches of the dark substance are only rarely seen to go to the distant nuclei of the sarcolemma, while certain prolongations of the fundamental substance enter into the structure of the muscular substance.

In man the terminal plaques seem to be of simpler structure. The terminal medullated fibers proceed to the plaque, or there are finer uniform intermediate filaments between the nerve fiber and the plaque. The last interannular segment, or the intermediate filaments, divide within the plaque into several filaments, each of which terminates in a small, bright, round, deeply stained nucleus, analogous with the interannular nucleus. From these nuclei radiate small, dark branches, often forming an areola about the terminal nucleus. In addition to this, there is a mass of fundamental nuclei in a granular mass. Often very fine filaments proceed from the terminal nuclei, and end on a level with the nuclei of the sarcolemma.

Cutting the sciatic of rabbits and, after a day and a half, examining the muscles of the extremity, repeating the examinations from time to time during the succeeding twelve days, the following modifications were observed, modifications of different degree often occurring in the same muscle:

1. Proliferation and hyperplasia of the fundamental nuclei, cellular condition of the dark elements in the plaque, beginning segmentation and multiplication of the nuclei of the axis cylinder in the isolated fibers beside the plaque.

2. Degeneration of the cellular elements, nuclei and dark network in the terminal plaque, granular condition and resorption of the dark substance of the axis

cylinder and its replacement by nuclei, and by very fine filaments in the terminal fibers, and commencement of fragmentation in the small trunks of muscular nerves; embryonal condition of small muscular nerves which are formed by a series of fusiform cellular elements and by very slender filaments.

3. Formation of umbellated bundles, composed of newly formed nerves, terminating in a muscular spindle or fiber. Termination of a very slender muscular fiber in a nucleus or in one or several dark buds. Formation of dense groups of cells having the appearance of ganglion cells surrounded by nuclei.

4. The protoplasm of the fusiform elements constituting the nerve-fibers becoming dark, its plaque communicates with the nerve by a very slender fiber enveloped in a distinct sheath. The nerve terminates in a uniform plaque, dark and well defined, of which the base is formed by nuclei having the character of fundamental nuclei. The plaques are covered with a prolongation of the extreme sheath of Schwann.

5. Slight proliferation of nerve fibers, differentiation in the plaque, formation of the dark network by dense fusiform cells, which communicate with the terminal fiber. Formation of a pale network of fundamental substance whose meshes enclose fundamental nuclei.

6. In the lizard a modification of the muscular nerves and plaques has been observed, consisting of an excessive atrophy of the axis cylinders and a fragmentation of the dark network into more or less rounded granules at the same time as the fragmentation and disappearance of the nuclei in the plaque.

In the study of the terminal fibers of man is found a series of lesions, as atrophy, hypertrophy, segmentation, fragmentation, embryonal condition or even total disappearance of the terminal nerve fiber.

In the terminal plaque, the different elements which constitute it, the dark network and crosses, the small, deeply-colored nuclei of the nerve fibers, the fundamental substances and nuclei show similar lesions and anomalies of the plaques result from the union of these various alterations.

1. Thus one finds, for example, in simple muscular atrophy, an atrophy of the plaque, often with proliferation of the nuclei; in simple hypertrophy of certain muscles and in Thompson's disease there is hyperplasia with uniformity of the dark substance of the plaque. In the degeneration and regeneration of fibers in typhoid fever a simplification of the terminal plaques is found, and often the substitution of a very fine filament for the terminal fiber. In the pseudo-hypertrophy in adults there is a disappearance of the dark part, not only in the plaque, but also often in the last interannular segments. At the same time there often exists a proliferation of the fundamental nuclei.

2. In other diseases of nervous origin, as in the amyotrophic sclerosis of Charcot, a sclerosis of the small muscular nerves is found, with the formation of fusiform, neuromata along the nerve. In the nerve itself may be observed, beside the normal fibers, others very much hypertrophied, some showing an evident ramification in the interior of the nerve. Most of the nerve fibers, however, are so atrophied that they are with difficulty distinguished; their sheaths have become thickened and uniform, and may be confounded with connective tissue, but near their termination their nervous nature may be recognized by their distribution. There is then an excessive atrophy of the terminal nerve fibers, which are darkened, uniform and badly defined.

In a case of peripheral polynephritis of Leyden, a similar condition of the muscular nerves was found, but at the same time also signs of a new formation and even excessive proliferation of the nuclei of the plaque. —*La France Medicale.*

Presence of the Gonococcus in Non-Venereal Urethral Discharges.

Prof. Strauss reports a case of non-venereal urethral discharge in which the gonococcus was found. The patient had been a masturbator for four years. Eight days before entering the hospital, in charge of M. Maurica, had masturbated longer than usual. Two days later had pain on urinating, then soon after, all the symptoms of a well characterized blennorrhagia. He denied ever having had sexual intercourse, and M. Maurica was inclined to believe him.

The discharge contained typical gonococci of Neisser, and it was impossible to distinguish them from those usually found in gonorrhœa.

If the patient's assertions were not false it would indicate that "Neissers' gonococcus may exist in the healthy urethra as an inoffensive guest, a simple saprophite, and may under the influence of common irritation invade the epithelium and provoke a characteristic catarrh."—*Jour. de Med. de Paris.*

[It is probable that either the patient lied or the microscopic examination was not carefully made, and other diplococci mistaken for the gonococcus. The former is probably the correct supposition.—Rep.]

Carcinoma Produced by Inoculation.

Dr. Hanan of Zurich, reported in the *Vienna Kongress f. innere Medizin*, the successful inoculation of carcinoma, using rats for his experiments.

He introduced portions of metastatic adeno-carcinoma into the cavity of the tunica vaginalis of the scrotum. In this way he repeatedly succeeded in obtaining extensive carcinosis. Histological examination demonstrated the complete similarity of the original material and the experimental results. Former attempts failed because animals were inoculated with human material, ulcerating carcinomata or carcinoma fluid was used, or too young animals were chosen for experimentation.—*Deutsche Medizinal Zeitung.*

Demonstration of a New Comma Bacillus.

In the same Congress, Dr. Rosenfeld of Breslau, re-

ported a new comma bacillus (spirillum ?). It was obtained from putrifying empyema fluid. Upon agar-agar a brown slightly furrowed colony grows. In gelatine puncture culture a whitish growth along the puncture is the result accompanied by funnelling from above. Liquefaction is not present. Microscopically it has during the first four days an ovoid form, after which it assumes a comma form, then falls into irregular involution forms. Vitality is great. It has no pathogenetic effect. —*Deutsche Med. Zeitung.*

Tetanus Infection.

M. Verneuil gives the following conclusions on the subject of tetanus.

1. Tetanus, communicable between animals of the same or different species, is likewise transferrable from man to man, from man to animals and *vice versa.*

2. It is probable that several domestic animals are capable of infecting man but as yet sufficient proof has been furnished only by the solipedes.

3. Contagion is transferred from the tetanic horse to the wounded man either directly or indirectly. The latter is much more common.

4. The intermediate agents between the animal presumably tainted and the man infected are extremely variable and often too numerous for it to be possible to follow the track of the microbe or the germs.

5. Every object which, placed in shorter or longer contact with a tetanic horse, receives and does not destroy the virulent deposit, will become a possible tetaniferous agent.

6. Every object placed in contact with a tetaniferous agent may in turn become a tetaniferous agent.

7. In the circle of infection may be found animate or inanimate bodies which have been in contact with tetanic horses, or with objects soiled by them. The first named suffer nothing from the perilous deposit. It may be the same with the second, but they have the constant menace of becoming tetanic by means of traumatic anto-inoculation.

8. An injured man may receive tetanus from most of the surrounding objects coming in contact with his wounds. The most dangerous and frequent contacts are with the horse or its belongings, and cultivated earth or its products, hence the quarrel between the equinists and the tellurists.

9. Agreement would be easy if one were willing to subordinate the one to the other, and recognize the fact that if the earth possesses a tetanigenous virulence this is owing to its pollution by the tetanic horse.

10. In evidence that in the double virulence of horse and earth priority belongs to the animal, three principal arguments may be invoked.

(*a*) The weight of evidence is that those who are especially exposed are those who have habitual contact with horses.

(*b*) Inquiry as to the nature of wounding agencies and the circumstances preceding, accompanying, or following injuries from which it results that they are in a great proportion of the cases contaminated by the horse or by manured earth.

(*c*) The topographical distribution of equine and human tetanus shows the intimate numerical relationship existing between the two.

11. If in a case of human tetanus carefully observed the cause is investigated, it will be found that the facts conforming to the equine theory are in the great majority, and the number of negative facts is too few to seriously affect the doctrine.

12. The definite admission of the infectious nature and animal causation of human tetanus will certainly be followed by important results. Physicians and veterinarians will be the first to profit by it but hygienists also should be equally concerned.—*L'Union Medicale.*

Tetanus Bacillus.

M. Kitasato of Tokio, has succeeded in cultivating the tetanus bacillus by the following method. Tubes of solidified blood serum and of agar-agar were sown with tetanic pus and maintained at a tempernture of 36 to 38° C. After 48 hours they were subjected to a temperature of 80° C., for about an hour. Then from these cultures in which only the spores retained vitality, mice were infected and all succumbed to typical tetanus. From the same cultures plates were poured in the classical manner. Also transfers were made to closed flasks in which the air was replaced by hydrogen. All the cultures were then maintained at a temperature of 18 to 20° C. A week later the plates were absolutely steril but numerous colonies had appeared in the flasks. Ten days later the latter were opened and the colonies examined microscopically. They were found to consist of bacilli, smaller than those of malignant œdema, some isolated, others united in long filaments.

The bacilli are anærobic. They grow upon agar agar, blood serum, gelatine and in bouillon. Bouillon does not become cloudy. Spores develop in one end of the bacilli. They grow in an atmosphere of hydrogen. Carbonic oxide, however, prevents growth. The best nutrient medicine is slightly alkaline, peptonized agar-agar or gelatine. The latter is liquefied with the formation of gas. Blood serum and agar agar are not liquefied. The addition of grape sugar is an improvement. Cultures have a disagreeable odor.

Successive generations do not lose virulence. The temperature optimum is 36 to 38° C. In gelatine at 20 to 25° C. Colonies appear in three or four days. In gelatine plates in an atmosphere of hydrogen at 18 to 20° C. cultures appear in about a week. Below 18° C. plates remain sterile. At 36° spherical spores appear in about 30 hours. They resist a moist heat of 80° C., but are destroyed by five minutes exposure to a temperature of 100° C. They may be placed in a 5% solution of carbolic acid for ten hours without loss of virulence, but this disappears and the spore dies if the exposure be prolonged five hours more. Spores remain virulent

for months. The bacilli have automobility, which is increased by warmth.

Mice, inoculated from pure cultures show tetanic symptoms in twenty-four hours and die in two or three days. Nearly all the laboratory animals are subject to the infection. Foreign bodies are not necessary for the production of tetanus. The micro-organisms are not found in the blood or organs after death.—*La Tribune Medicale.*

Gastro-Intestinal Ulceration.

Openchowski found hyaline degeneration of the walls of the blood vessels in sixteen cases of hæmorrhages, hæmorrhagic erosions and ulcerations in gastro intestinal mucous membranes. There were two forms of hyaline degenerations; 1, hyaline thrombosis of the ves sels; 2, hyaline degeneration of the vessel walls chiefly affecting the middle coat.

The most common site was at the division of vessels. Arteries were oftener affected than veins.

In ulcers it seemed that the further advanced and deeper they were the less frequently were such affected blood vessels found, but the perivascular tissue at the base of the ulcer seemed to be so affected. In older ulcers the chief hyaline process seemed to be near the periphery, the center having perhaps undergone autodigestion.—*Brit. Med. Jour.*

Immunity Produced by an Albumose Isolated from Anthrax Cultures.

E. H. Hankin, B. A., working in Koch's laboratory, has isolated from anthrax cultures an albumose interesting from its influence on immunity. For obtaining the albumose he used the ordinary chemical methods generall employed in such investigations.

Animals were inoculated with the one- two- and five-millionth part of their body weight of the albumose, and at the same time with the virulent anthrax material. A large proportion of the animals survived while all the control animals, not inoculated with albumose, died. In larger doses the fatal effect of the anthrax infection was invariably hastened.

He concludes "that the anthrax bacillus owes its power of living in the animal body to its power of producing a poisonous albumose; that this poisonous albumose is capable of suppressing the germicidal power of the living animal; that this albumose seems to be very slowly excreted; that if a large dose of this albumose is injected into an animal the entrance of the anthrax bacilli into the system is aided; that if a very small dose is administered tolerance is acquired against the poisonous properties."—*Brit. Med. Jour.*

Investigations on the Relation of Putrefactive to Parasitic Bacteria.

Very interesting for its own contents as well as for its bearing on the preceding article is a short article in the *London Lancet* by Prof. Ferdinand Huppe and Dr. O. E. Cartwright Wood, on the Relation of Putrefactive to Parasitic Bacteria. A very short resume of the article gives the following interesting points: Non-infectious organisms owe their action to the soluble products, and to the organic bases resulting from a splitting of the albuminoids. Many infectious organisms, as well as the toxic, are able to split similar, mostly basic, poisons from the albumen; and this again indicates that the chief action of these organisms depends on the power of splitting the albuminoid molecule in a specific way. The faculty of dissociating living albumen at the temperature of the body characterizes the pathogenetic organisms. This does not however separate the infectious from the simply toxic, nor these from the purely saprophytic organisms, since these are able from the dead albumen to produce similar or the same poisons.

The use of attenuated organisms as vaccines against the virulent, prove that the metabolic activities of the two differ in quantity only. This is also shown in the immunity produced by chemical means. Thus the products of micro-organisms as found in blood or in cultures, if previously injected in proper quantity can produce immunity. Completely attenuated cultures (degenerated cultures) of pathogenetic organisms do the same. These latter, however, can no more infect or render the most susceptible animals ill than the purest saprophytes. This, together with the same power of splitting up albuminoids possessed by saprophytes, directs attention to the possibility of using certain of the latter as vaccines against morphologically smilar pathogenetic micro-organisms.

This Hueppe and Wood have done. They have repeatedly found in earth and water organisms morphologically almost indistinguishable from the anthrax bacillus but possessing absolutely no pathogenetic power. Mice, guinea-pigs and rabbits were inoculated with these, and then after a shorter or longer time inoculated with anthrax. Results vary with the amount of the saprophyte used, with the amount of anthrax cultures or vaccines used, and the length of time elapsing between the inoculations. In this manner they succeeded in rendering these animals able to withstand the effects of virulent anthrax, which had not previously been accomplished by any other means.

Substitute for Iodoform.—Dr. Benjamin has found the following to answer the same purpose as iodoform when used as a surgical dressing:

℞ Zinci oxidi, - - - - ℥ij.
Hydrarg. chlor. corros., - - gr.j.—M.

Subject the oxide of zinc to a temperature of about 200° F. for a few hours before mixing, then mix when cool and place in an air-tight box until ready to use it. This is thoroughly antiseptic and does not possess the disagreeable odor of iodoform.—Dr. Moure, in *La Tribune Medicale; Times and Register.*

TRANSLATIONS.

PHYSIOLOGICAL PROPERTIES OF THE IODIDES OF POTASSIUM AND SODIUM, AND THE USE OF IODIDE OF POTASSIUM IN AFFECTIONS OF THE HEART.

BY GERMAIN SEE.

Translated by Gerolt Gibson, St. Louis, Mo.

M. Germain See has communicated to the Academy of Medicine the results of experiments made by him and his laboratory assistant, M. Lapicque, with the object of elucidating the manner in which the iodides act upon the heart and blood-vessels.

We will rapidly pass over the details of the physiological experiments (injections in the veins of iodide of potassium and iodide of sodium given respectively to dogs, their arterial pressure being measured by the registering manometer).

They have demonstrated to M. See that the phenomena observed are divided into two periods.

In the first period the action of the alkali is especially appreciable, and it varies, according as potassium or sodium has been used; with iodide of potassium an immediate elevation of the pressure and acceleration of the heart; with sodium the phenomena are much milder.

In the second period, that in which the iodine shows its effects, the pressure of the blood descends slowly and steadily until below the normal, but again slowly rises, the heart becoming accelerated slightly above the normal. This second phase is identical with both the iodides.

The first phase of cardiac acceleration, observed with the iodide of potassium, coincides with an evident vascular constriction (vascular constriction with the potassium salt, but which is lacking with the soda salt); then, finally, there is a vascular dilatation common to both salts.

M. See deduces the following practical conclusions from his experiments:

Explanation of the Iodo-Therapy of the Heart.

The vaso-dilatation with decrease of the pressure is a characteristic effect of iodine. Vaso-constriction with elevation of the pressure, and strengthening of the heart, is characteristic of the iodide of potassium, which begins with the effect last mentioned, and ends with vaso-dilatation.

I. Hyperæmic Action by Vascular Dilatation upon the Respiratory Organs.

Generally the iodine superinduces a veritable hyperæmia over the whole mucous membrane of the bronchi and lungs, and of the skin, which might, indeed, with large doses, become exaggerated, even to the production of hæmorrhages, but which, in reality, constitutes the indisputable basis of nearly all the favorable effects of iodine, as we shall prove. This hyperæmic and congestive power proceeds from the vascular dilatation, which does not arise from paralysis of the vaso-motor center, as is observed with chloral or nitrate of amyl; this center remains intact; the vaso-dilatation is not at the periphery, either of the vessels of the organs or of those of the superficial tissues.

Hypersecretory Bronchial Action—Antidyspnœic Secretory Action with Asthmatics.—The first and the principal of these therapeutic actions is that which occurs in the bronchial tubes and in the glands of the bronchial mucous membrane, and which determines a veritable hypersecretion; the result is that the compact and adhesive viscid discharge from the mucous membrane, which characterizes the difficult expectoration of the asthmatic, becomes softened, dissolved and displaced by a liquid secretion, after which air penetrates more freely into the bronchials; likewise exchange is facilitated between the air within the lungs and that without. The dyspnœa ceases as soon as the iodine commences to act. We have here, as I have demonstrated, the specific for asthma. This specific action is due to the dilatation of the vessels, and from the hypersecretion arising from the afflux of blood to the vessels.

Dilatation of the Pulmonary Vessels. Antidyspnœic Pulmonary Action with the Cardiac Patient.—The intra pulmonary circulation is accelerated by iodine which, in causing hyperæmia of the lung tissue, relieves the venous stases so frequent and so serious in the pulmonary vessels of cardiac patients. It is a respiratory remedy for the cardiac, as well as for the asthmatic. It may be said to constitute a direct pulmonary remedy, which is proven by the fact that the iodine accumulates in enormous quantities in the lungs, and thus facilitates respiration. (Researches of Calmels in 1887.) We know that the slightest dyspnœa from exertion in the cardiac patient is also a pulmonary dyspnœa. The iodine acts by freeing respiration, that is, from the standpoint of the lung.

But this is not all of the anti-dyspnœic action; being pulmonary and broncho-secretory, it has at the same time a chemico-nervous effect. After observing the cessation of the bronchial dyspnœa, with the asthmatic, by removal of the mechanical obstruction of the bronchi with the iodine, and after having made sure of the diminution of the dyspnœa in cardiac cases, through more active pulmonary circulation, M. Germain See perceived that in the absence of all mechanical obstruction, bronchial or pulmonary, the iodide of potassium still did not lose its beneficial properties.

The cardiac patient may have, aside from pulmonary dyspnœna from over-exertion, dyspnœa of a nervous or chemical origin. With some cardiac cases there are no signs of engorgement of the pulmonary veins, nor of infarcts, nor of pulmonary œdema, which determines the dyspnœa; it is then continuous or paroxysmal dyspnœa.

Even in this case the iodine comes in usefully, and in the following way: The asphyxia carries to the respiratory centers an excess of CO^2, which prevents the

regular respiratory innervation. The iodine accelerates the general circulation, and, consequently, that of the respiratory centers. The passage of a larger quantity of blood thus augments the activity of the gaseous exchanges. The blood of the bulb tends to become freed from asphyxia and is restored to its normal functionating condition. The continuous or paroxysmal dyspnœa, the paroxysms of suffocation, and the impending asphyxia are certain to disappear.

II. Multiple Effects of Iodide of Potassium upon the Heart.

The heart in its turn is subject to important effects from iodide of potassium, but not by the iodine alone; one effect is in the intrinsic or coronary circulation; other effects are in the heart's nervo-muscular system, in its nutrition and its rythm.

A. Primary Strengthening of the Heart and of the Pressure; Secondary Acceleration of Its Work by the Vascular Dilatation of the Coronaries.—The iodides have been considered as vascular depressors, and it is indeed to this quality of decreasing the vascular pressure that all their advantages are attributed in the numerous cardiac affections supposed to arise from a hyper-elevation of the pressure.

This assertion would seem to be antagonistic to our ends, but it should be taken as a hypothetical indication only. Before granting it, we should make great allowances concerning the iodide of potassium, which, as its effects show, produces a manifest augmentation of the pressure, and does not permit the iodide as a remedy to be classed among the depressants, but rather among the group of cardiacs, not described by adjectives. In fact, from the moment that the pressure is augmented by means of the heart, the circulation must be accelerated in the coronary arteries, as well as in the whole arterial system; and this will be the result of the action of potassium upon the nervous and muscular system in general, and of the myocardium in particular.

Finally, the usual iodic phase occurs, common to all preparations of iodine, and in which the general vascular dilatation becomes manifest, and consequently also the coronary dilatation. We have here a singular means of facilitating the intrinsic circulation of the heart, in that the heart, in order to drive the blood through its own arteries and its own tissues, is not obliged to perform the same degree of work as in the previous condition. The heart becomes liberated from the natural obstacles of the tonicity of all the arterial vessels. In this new condition the heart acquires a renewed vigor, and so far from being depressed, it beats with energy, which is easy to verify with the cardiac patient, as with the animal experimented upon; the cardiac propulsion is complete, and the sphygmograph indicates a large and full pulse. Therefore the iodides of either kind are not depressants of the pulse. Just the contrary is true of the iodide of potassium, which may be considered a true cardiac, or rather, an indirect tonic to the heart, that is to say, an infallible means of reawakening the enfeebled circulation, of accelerating, and even regulating it.

B. The Iodide of Potassium is a Digitalic Poison, That is to Say, a Beneficial One.—We are acquainted, says M. See, with the relative toxicity of the salts of potassium and the salts of soda, brought into notice since 1864 by Claude Bernard and Grandeau, and elucidated by Peltz and Ritter, and especially by Bouchard, who has found it in the urine. But we likewise know that this toxicity exists only in a very moderate degree even in the urine, where it forms but a fifth part of the poisons, according to Bouchard, and, according to A. Robin, very much less, due to gross chemical errors; and we know that it is very much less in its effects upon the heart, for we have injected with impunity as much as from one to three grams of iodide of potassium in the veins of a dog, weighing eight or ten kilograms. It is necessary to add, agreeing with the experiments of Traube, Guttman and Rosenthal, Podcopoieff, Kemmerich, Bunge, Boehm, Ringer and Kochler, that the salts of potash do not act as toxics unless they are directly injected into the blood, but if taken internally, either pure or with aliments which contain twenty times a therapeutic dose, they produce but insignificant effects. But in what other manner do the salts of potash act? They were long considered to be muscular poisons (Ranke, Podcopoieff); but all later physiologists agree in saying that they begin by affecting the nervous apparatus (Traube), which is first overexcited, then weakened, and they end by paralyzing the muscles.

The most important of these muscles is the heart. This organ, under the influence of moderate doses injected into the blood or introduced into the stomach, presents changes analogous to those produced upon it by digitalis. After a slight temporary decrease of the pressure an increase of the pressure occurs, which is, of course, independent of the vascular-dilatation, and which cannot arise except from an addition of energy on the part of the heart. Finally the intra-cardiac centres become paralyzed (with the animal under experiment) and the heart stops. If then the iodide of potassium is a poison to the heart, it is a beneficial poison, and certainly more useful than the iodine or iodide of soda, for the iodide of potassium is not only a salt of potassium, but is an iodine preparation, and acts in this double capacity.

The iodide of soda produces no beneficial effect except through the vessels which dilate by means of the iodine alone, for the soda is ineffectual upon muscles, nerves and globules of blood which require potassium. The soda is an element of the blood plasma, a passive element, so to speak.

III.—Application of Iodides to Most of the Diseases of the Heart and of the Coronary Vessels.

Experience has long since proven to me, continues

M. See, the utility of iodine in the most diverse lesions of the heart, of its muscles and its vessels, and I do not condemn it unless it brings on hæmorrhage or continued gastric iodism. If its advantages are so unexplainable in cardiopathy it is because it always re-establishes everywhere the compromised respiration, even at the beginning of the cardiopathy, for the dyspnœa from exertion is one of the initial features and occurs in nearly all cases, even when the compensation between the myocardium and the obstacles which it encounters seems to be complete. With still more reason, the iodine commends itself when the dyspnœa is purely pulmonary from venous stasis, as from pulmonary œdema, which takes place every time the compensation is interfered with, or annulled every time there is that which is called *asystole.*

Dyspnœa is not the only indication for the use of iodine. I can enumerate and explain cases where it is unquestionably useful. I cite, *en passant*, conditions in which it is inefficacious, and also endeavor to explain the cause of the failure.

A. Adiposis of the Heart.—It has long been known that iodine in large and continued doses causes atrophy of certain tissues and certain glands, or rather it reduces their volume by acting principally upon the hyperplastic tissue, or upon the fatty elements which contribute to the formation of the degeneration. The heart does not escape this law of reduction. If there is real adiposis, the slender chance of recovery may well be conceived.

B. Fibro-fatty Degeneration; Sclerosis.—If there is a fatty degeneration, or a fibro-fatty degeneration, or especially a real sclerosis, there is more hope of recovering such transformed tissues. But the muscular fibres of the myocardium which have remained intact, are therapeutically reinvigorated in their circulating or distributing power, and consequently in their functioning. This is a valuable and irrefutable indication for the iodide in all degenerations.

C. Dilatation of the Left Ventricle; Weakened Heart.—Suppose now that instead of degeneration, the heart had been subjected to an eccentric dilatation, or an over-activity which has reduced it to asystole, the results of the use of the iodides may still be considered favorable in that they reinvigorate the weakened or distended tissues of the heart.

D. Hypertrophy of the Ventricle.—It is not the same with hypertrophy of the left ventricle; whatever its origin may have been, whether through a lesion of the aorta or from general arterio-sclerosis, or renal atrophy, the hypertrophy is compensatory until a certain time, and reposes upon a muscular basis sufficient in all respects. The very worst the iodine car do is, in case of preservation of the cardiac muscle or of hyperplasia of its muscular fibres, to communicate to this a muscular circulation, that is to say, a more active coronary circulation; it could not be deleterious, because it does not reduce the muscular fibres.

E. Caronary Sclerosis; Angina Pectoris.—If the cardiac sclerosis resists the iodine, the same is equally true and with greater reason in sclerosis of the vessels, which it is impossible, whatever may have been said to the contrary, to bring back to a normal condition. The arterio-sclerosis cannot be cured: that is equally true of the caronary sclerosis, that is, of the lesion characteristic of angina pectoris. However, the iodine, as Mr. Huchard (who started with a false idea of the curability of arterio-sclerosis) says, is useful and in this way: Whenever there is caronary sclerosis the heart is degenerated, is rendered anæmic in consequence of the destruction more or less complete of one or both the caronary arteries, as I set forth in 1878 in my Practice upon the Diseases of the Heart. The iodide of potassium animates the coronary circulation and revives, if not the texture, at least the functioning power of the ischæmic or degenerated heart. Here, as in the whole arterio-capillary system, an arterial hyperæmia is established, and also, as I now have the experimental proof, a vascular dilatation in the coronaries which are still healthy and sound; the benefit is beyond doubt.

All these ideas enter into the doctrine of vascular dilatation with strengthening of the myocardial fibers and their functionation. That is the real fact and in accordance with physiology, although it is not possible to establish any action whatever upon the textures of the atheromatous or sclerosed arteries, and to create an arterial remedy in the sense of an arterial denutrient.

These are the results of what is disdainfully called the clinic of the laboratory; this name is not calculated to vex me, especially when applied to such delicate therapeutics as those of the heart.

F. Cardialgias.—In cases of false angina of the chest, that is to say in cardialgias where the heart is more freqently affected than in the true angina, where the pain is as constant as violent, finally, where there are sometimes vaso motor aura (false vaso-motor angina) the iodide of potassium presents incontestable advantages, especially if it is combined with antipyrin injected, as indeed with inhalation of pyridine.

G. Organic or Nervous Arythmia.—Arythmias, real or false, intermittances of the heart, irregularities of the heart and pulse, are equally subject to the iodide, but only in a certain measure. The remarkable part is its great utility in the arythmias of old age, which are complicated ordinarily with partial degeneration of the cardiac muscular system. The iodide, in acting upon the muscles which have remained healthy,triumphs generally over the impotence of the degenerated muscles. It is not so with arythmias of a purely nervous origin, which result from some trouble in the functions of the vagus nerves.

H. Functional Affections of the Vagus Nerves, Palpitations, Tachycardia, Basedow's Disease, all of which arise from a paralysis of the inhibitory nerves, could not profit by the action of the iodide, for iodine and its composites do not act upon the vagus nerves; section of the nerves does not modify in any way the vascular dilatory effect of these medicaments.

Thus, if the heart is accelerated, agitated or tachy-

cardic, the employment of the iodides is at least useless and, in Basedow's disease, since the vaso-motor center is itself compromised or paralyzed, and since there is already a morbid vascular dilatation with multiple congestion, the iodides would only aggravate the evil. I insist upon this point; the clinic long since exposed to me the disadvantages of this medicament in exophthalmic goitre; physiology furnishes me another proof.

In cases of a retarded heart, that is to say, from excitation of the vagus center, it would seem that the iodide has its application by paralyzing the center of the inhibitory nerve. But let us not forget that the retarded or bradycardic heart is nearly always under the influence of a local cardiac lesion as a local lesion of the bulb. In these cases the iodine can do nothing, and the disease will persist to the inevitable moment where it entails general convulsions and almost always death.

I. Aneurysms of the Aorta.—The greatest triumph of the iodide of potassium is found in the treatment of aneurysms of the aorta; following in the tracks of many other observers we extolled it in our communication of August 14, 1889, at the academy; the question is beyond discussion. This plan of treatment arose from a false idea, that concerning the coagulation of the blood in the aneurysmal pocket; it has ended empirically in becoming one of the beautiful results of iodo-therapy.

We should reject in the most absolute way the use of the iodide of sodium, of which a chemist of Montpellier has just said: "This salt is of very weak strength, 80 or 85% in place of 95%, which is necessary to produce any effects, and, being very hygrometric, unstable and of difficult preparation, it is better to renounce its use which is not justified from a pharmaceutical point of view. It is but half a remedy. In urgent indications as of noncompensatory heart, or grave indications as in syphilis of the organs, it is absolutely useless on account of its inactivity."

RECAPITULATION.

The true remedy for the heart is the iodide of potassium. So far from being a depressor, as has been maintained, it is especially applicable in non-compensatory mitral or myocardial lesions, and where there is cardiac debility. It restores first the energy of the heart and the vascular tension. Then, by dilating later on, all the arterioles, it accelerates the flow of blood in them, so that the heart is freed from its resistance and recovers its contractile power. Finally, by the vascular dilatation, which of course extends to the coronary arteries or nourishers of the heart itself, the iodide renders a new service by accelerating the movement of the blood, as well as by furnishing nutrition to the central organ of circulation which dominates over life.—*Le Concours Medical.*

AMMONIA IN THE BATH.—Nothing so quickly restores tone to exhausted nerves and strength to a weary body as a bath containing an ounce of aqua ammonia to each pail of water. It makes the flesh firm and smooth as marble, and renders the body pure and free from odor. —*Annals of Hygiene.*

WEEKLY MEDICAL REVIEW.

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SATURDAY, FEBRUARY 15, 1890.

SYPHILIS AND THE HOT SPRINGS OF ARKANSAS.

Dr. E. L. Keyes read a paper on the above subject at a recent meeting of the New York Dermatological Society, the proceedings of which are published in the *Journal of Cutaneous and Genito-Urinary Diseases.* The paper received quite a thorough discussion, and it will be of considerable value to note the various opinions expressed. Dr. Keyes believes that the waters possess a decided influence in the cure of syphilis, from personal observations which he has made at the Springs, as well as from the effects which he has seen produced on patients sent there by himself. In accordance with the generel belief of the profession, his observations showed that the physicians who did well at the Springs used mercury by inunction most unsparingly and iodide of potassium internally in enormous doses, aud this was just where the value of the Springs seemed to lie. A cure is affected in even deperate cases of late syphilis by means of the hot baths and the internal use of the water, which enable the patients to bear the drugs in greatly increased quantities. It is the broken-down, cachectic patients whose stomachs refuse to tolerate a sufficiently high degree of specific medication at home who should be sent to Hot Springs, for there three or four times the quantity of iodides can be given without upsetting the the stomach, and increased quantities of mercury by inunction without producing salivation. He would recommend all patients to go to Hot Springs at any sacrifice of time, money or comfort who were suffering from serious involvement of the brain or spinal cord, and who could not at home be made to tolerate sufficiently high doses of the specific remedies to control the disease. For ordinary cases of syphilis, however, he did not think

the Springs could shorten the duration of the disease, prevent relapses, or cure it in any sense. There was no value in suppressing the early symptoms of the disease by heroic treatment, as employed there; it made the patient less willing to undergo prolonged treatment at home, which he considered gave the patient the best chance of future immunity from the disease.

Dr. Fordyce, whose personal experience covers a period of three years at the Springs, stated that many patients who came to the Springs after a prolonged mercurial course at home, developed ptyalism after a number of baths, thus supporting the view that the waters have an influence in eliminating the drug. This effect is probably due to the increased capillary circulation, favoring tissue change and greater activity in the elimination of matter foreign to the tissues. Individuals who come from a malarious district, though having suffered no acute outbreak for years, often, after bathing for one or two weeks, develop some form of malarial fever; gouty subjects,too, after hot baths,frequently have an acute outbreak of their trouble. It is observed, also, that new growths, especially those of a malignant character, take on increased activity of development after the use of the hot baths, so that it is a matter of common report at the Springs that persons affected with cancer should not use the hot water. Aside from theoretical considerations, experience shows that many cases of late syphilis are more quickly cured at the Springs than at home. On the other hand, he has never been able to convince himself that the early stages of the disease were more rapidly cured there than under the inunction method at home. The beneficial effects of the hot baths are probably as much overrated by the bath physicians as they are often underestimated by the physicians away, self-interest in both cases modifying the advice given.

Dr. Morrow stated that the chief pecularity of the treatment at the Springs consisted in the activity and energy of mercurialization and iodization; crowding the system with these drugs and then endeavoring by hot baths and drinks to float them out through the skin and kidneys. This he deemed unscientific and irrational. The attempt to expel the syphilitic virus by therapeutic violence should be regarded as a step backward—a return to the practice of our forefathers.

The good results of the Hot Springs treatment he regarded as chiefly due to the change of air and scene, the freedom from business cares, and the fact that the patient made it his business to pursue a methodic treatment.

Dr. Bulkley said that he, personally, had never been obliged to send any of his many syphilitic patients to the Hot Springs. Many of his cases had been very bad ones, but in his experience they had yielded just as well to proper treatment in New York as at the Springs, and the use of hot water was just as beneficial in one place as in the other.

Other speakers attributed the good results at the Springs to the favorable hygienic surroundings and the absolute rest attained, and not to any virtue of the water itself. It was generally agreed that the early stages of syphilis were not well handled at the Springs, many of the patients being given mercury with opium, thus locking up the secretions, and the patients did badly afterward, being especially apt to suffer from tubercular ulcerations. The mixed treatment was also given from the beginning, which quickly controlled the evidences of the disease without curing them. If the iodide of potassium was given early, it not only did no real good, so far as the malady was concerned, but might actually require much larger doses later in the disease than would have been necessary if none had been given early.

Implantation of Mucous Membrane in Traumatic Urethral Stricture.

Implantation of mucous membrane in cases of traumatic stricture of the urethra which do not yield to the usual methods of treatment, is just now receiving a trial at the hands of Dr. Robert F. Weir, of New York, as noted in the *Med. News*. It seems to be especially adapted to those cases in which there is a large amount of cicatricial tissue and in which, on that account, there is such a decided tendency to a recurrence, and such obstinacy under treatment.

Wölfler, a well known German surgeon, in a communication before the German Society of Surgeons in 1888, stated that he had been able to transplant mucous membrane with as much ease and success as was commonly met with in skin-grafting. The only thing necessary was that some means should be found which would secure adhesion of the pieces of mucous membrane for a short time in order to obtain the desired result. Wölfler had at that time resorted to this method on three occasions for impermeable stricture of the urethra, and in these cases had made use of pieces of mucous membrane from a prolapse of the rectum or of the uterus; he afterwards found, however, that mucous membrane from some of the lower animals would answer the same purpose. He had employed the mucous membrane from the æsophagus of a pigeon, or from the æsophagus or bladder of a guinea-pig, because in these animals the mucous membrane is readily removed from the submucous tissue.

In Dr. Weir's case the extent of the denuded surface which was to be covered by healthy mucous membrane was about half an inch in length on the upper surface of the stricture, and almost an inch in length on its lower aspect. Four days were allowed to elapse before applying the grafts, as it was considered that it was better to wait until granulation had become established than to place the grafts on a bleeding surface. Pieces of mucous membrane just removed from the æsophagus and bladder of a guinea-pig were inserted in the perineal wound which was present, and retained in place by several fine sutures. A soft catheter was then introduced into the bladder,which smoothed out the wrinkled

mucous membrane, and in addition held it *in situ*. This was fastened in position, and the wound lightly packed with iodoform gauze.

There are many obstacles to the success of this operation, and as Dr. Weir says, it is extremely difficult to say what will be the result of this procedure, but it must be remembered that the certainty of relief can only be definitely determined after the lapse of a number of months. There is this to be said in favor of the proposed operation, that it seeks to accomplish a permanent and lasting cure by the substitution of normal mucous membrane for a cicatricial membrane with its inherent tendency to contraction, thus differing from the ordinary methods, which are at best only means of temporary relief.

Menthol in Nose and Throat Troubles.

The value of menthol in various diseases of the air-passage has been so highly extolled of late that we feel sure that our readers will appreciate something definite as to its limitations and manner of usage. At the time attention was first called to the drug it seems to have had its field of action limited to the laryngitis of tubercular origin, but since then it has been accorded a greater range of activity.

Dr. Frank H. Potter, of Buffalo, read a paper, (*J. A. M. A.*) on the use of menthol at the last meeting of the American Medical Association, presenting his results in a fair and impartial way.

He used menthol dissolved in *oleum petrolina*, one of the fluid vaseline preparations. He also used it by means of vaporization and inhalation, and has applied it by means of an applicator well wrapped with cotton. The solution in oil varied in strength from 1 to 50%. Those above 25% were used by inhalation, those below by direct application. If the solution is too strong its application will cause great pain, especially in the nose. In proper strength it produces a pleasant, cool sensation.

In Dr. Potter's cases he found that the drug did not seem to have any controlling influence in the various forms of acute rhinitis, whether simple or syphilitic, rheumatic, etc. It seemed to aid in effecting a cure in three cases of simple chronic rhinitis. Where a mild antiseptic has been necessary in the nasal cavities, as after an operation, menthol in the oily solution has rendered good service. In the treatment of atrophic rhinitis menthol cannot supplant other measures, but it can supplement and greatly assist in the cure of this affection. It is used after cleansing the parts, in an appreciable strength, and causes a relief of the dryness, odor, and accumulation of the hardened mucus masses, as well as by causing a return of the mucous membrane to its normal condition of sensitiveness.

In acute and chronic inflammations of the mouth and pharynx the results with menthol were very satisfactory, and more positive than in other parts of the upper air tract. By taking the ordinary sore throat in its early stages and brushing the parts with a strong solution frequently, the attack may often be limited both in intensity and duration. In chronic pharyngitis the results were excellent. Afer careful consideration of the results the following general rule can be formulated: When a chronic inflammation follows an acute attack, with the organs above and below the pharynx free from serious disease, the relief from this treatment has been permanent; associated with chronic nasal or laryngeal disease the relief has been partial and temporary. Dr. Potter has not used menthol in acute laryngitis, but in subacute and chronic inflammation of the larynx it has been tried extensively, with results differing in no marked degree from those following its use in the pharynx. The applications to the larynx have been made with the spray, as this was more pleasant to the patients and gave just as good satisfaction as when applied directly.

His experience with menthol in tubercular lesions has been rather limited, but indicates it to be of great value, and confirms the observations of Rosenberg, Hyndman, and Beehag.

Mr. J. Lennox Brown, F.R.C.S., Ed., writing in the *Medical Press and Circular*, (Boston *Med. and Surg. Jour.*) has achieved better results, and appears to be more enthusiastic on the subject. He says that the vapor of menthol checks in a manner hardly less than marvelous, acute colds in the head, and is also to be recommended with a certainty of success, if used on its first onset, in arresting or as a preventive of infection in epidemic influenza, and this even for cases in which the nasal symptoms commonly associated with influenza are not manifested.

Menthol exerts its action in the following manner: (1) It stimulates to contraction the capillary blood-vessels of the passages of the nose and throat, always dilated in the early stages of head cold and of influenza. (2) It arrests sneezing and rhinal flow. (3) It relieves, and indeed dissipates, pain and fulness of the head by its analgesic properties. (4) It is powerfully germicide and antiseptic. It thus kills the microbe of infection and prevents its dissemination.

Mr. Brown suggests as the most convenient method for personal use of the drug to always carry some form of pocket menthol inhaler, such as Cushman's, which should be used not only on the first approach of an attack, but three to four times a day during an epidemic, and always in cold-catching weather by those subject to head colds. Cushman's inhaler consists of a glass tube four inches in length, half an inch in diameter, and open at both ends. The tube contains crystals of menthol closely packed and prevented from escape by perforated zinc and cork. The opening at one end is twice the size of the other, the larger being intended for inhalation by the mouth, the smaller for the nostril. The latter method is to be preferred. It is not to be simply smelt, but well sniffed or inhaled, so as to cause some tingling or smarting, a sensation which is quickly followed by that of coolness, and openness of the previously "stuffed" and heated nostril.

When nasal discharge is excessive, it is checked; when deficient and thickened, as in hypertrophic rhinitis, its healthy character is restored; and when arrested, inspissated, and malodorous, as in atrophic rhinitis, fluidity is promoted and the foul smell corrected.

The Paquin Vaccine Laboratory.

We have received a circular explaining the purpose, scope, etc., of the Paquin Vaccine Laboratory, which, as stated in the articles of agreement, are "To investigate specific, contagious and infectious diseases of man and animals, and to produce vaccine or virus to inoculate preventatively against any affection that may be found preventable by such treatment or practice, and to put such protective virus on the market for the State of Missouri first, and then for the country at large."

It is an unfortunate fact that too little encouragement is given by Americans to such commendable enterprises as this, and the loss of large numbers of cattle and live stock annually, is the direct result of such short-sightedness in this respect. In France, Switzerland and other European countries, preventive inoculation against charbon, black leg, etc., in stock, is as general a practice as the vaccination of children against small-pox in this country; and the custom receives material encouragement from the Departments of Agriculture.

It is now known that black leg can be prevented by protective inoculation, and the Paquin Laboratory proposes to furnish the virus for that purpose; and it is manifestly the duty of everyone interested in the preservation of the public health to at least furnish this information where it is most needed—to farmers and stockmen, whose interests in this respect are so intimately connected with those of the public in general.

MEDICAL ITEMS.

Curing More than He Kills.—The Mexicans have no confidence in a young doctor until he has had a couple of years' practice. Then they make an inventory of his patients, and if he has cured more than he has killed they recognize him, no matter whether he has a diploma or not.

Strophanthus in Goitre.—Dr. S. T. Yount, of Lafayette, Ind., states that he has successfully treated five cases of goitre with the tincture of strophanthus in ten-drop doses, gradually increased to sixteen, administered three times daily. This treatment was usually continued about two months.

Paris and the "French" Disease.—Paris is rapidly becoming syphilitic. There are, in round numbers one hundred thousand prostitutes in the city, of whom only forty thousand are registered. The remainder are never examined by the physicians, and are sowing the seeds of syphilis in every family in the metropolis—and to such an extent that it is rare to find a young man (and young woman, also) who has not been infected with the disease. Fournier recently stated that he regards syphilis as a social danger of the greatest magnitude.

A Child Born With the Measles.—Dr. Lomer, of Hamburg, reports a case where a mother gave birth to a child while suffering from measles, it being the second day of the eruption. The child when born showed the beginnings of a measles rash, and subsequently developed the disease in its typical form.

Tetraophthalmia.—A press corrsspondent reports from China the birth there of a baby with four eyes. The mother, a native, and having the native superstition that her infant owed its abnormality to the evil spirits, put the child to death, after having kept it long enough to have certain matters of ritual attended to.

St. Charles Medical Society.—Dr. H. H. Vinke, Secretary of this society, informs us that its next regular meeting will be held at St. Charles on the 18th of this month; that elaborate preparations have been made for the entertainment of members and visitors, and that the meeting promises to be numbered amongst the most successful of this energetic society.

Explosion in a Dentist's Office.—A patient was suffering quietly in a dentist's chair one mild January afternoon, in Canton, O., when he was suddenly expelled, the operator and several of his household effects accompanying him, After quiet had been restored it was found that a vulcanizer had exploded with great force, tearing a large hole in the wall and making a wreck of the dentist's office.

The Inconvenience of Sweat-Bands in Hats.—Sweat-bands of hats may contain even 28% of fatty acids, which in summer may penetrate into the forehead and cause inflammation, and corrode deeply into the skin. Rub with burnt magnesia every little while, so as to leave a small film on the band; wipe it off with a cloth before applying again.—*Jour. of Cutaneous and Genito-Urinary Diseases.*

A Successor to Father Damien.—The announcement is made that a London lady has taken up the labors of Father Damien, and will go to Molokai to work among the lepers. She is Amy Fowler, daughter of Chaplain Fowler, of the Bath workhouse, London. Miss Fowler studied medicine under Pasteur in Paris. She is 27 years old, and goes to the lepers under the name of Sister Rose Gertrude.

A Chinese Edition of "Thomas on Diseases of Women."—The progress of medical education among the Chinese has lately been notably furthered by the

publication of Chinese translations of a number of well-known text-books, says the *N. Y. Med. Jour.* Of these translations, one of the most recent is that of Dr. T. Gaillard Thomas's treatise on the Diseases of Women, a work that has long enjoyed distinction in this country and Great Britain, and that has been translated into many foreign languages. The Chinese edition is in five volumes. The illustrations, although somewhat rude in execution, faithfully represent the originals in all essential points, and the general appearance of the book is quite creditable.

The Staining of Amyloid Tissues.—Buchardt describes the following new method of staining amyloid tissues in Virchow's *Archiv*:

Stain the sections in a moderately strong solution of gentian-violet in aniline water. Decolorize in a solution of hydrochloric acid (1-10) for ten minutes. The amyloid portions of the tissue are then a dark purple, the other portions colorless. Then wash in water and clear up in a solution of potassium acetate.—*Centralblatt f. Medicinische Wissenschaften.*

Sick-Room Cookery.—The excellent series of lessons in sick-room cookery has recommenced at the Royal Infirmary of Edinburgh. The lessons are open to all medical students on payment of a very moderate fee. The system of instruction, the institution of which was in large measure due to the efforts of Mr. Chiene, has proved a most valuable adjunct to the medical curriculum.—*Brit. Med. Jour.*

The idea is an excellent one, and it is strange it has not yet been up taken in this country. It would yield more substantial returns than most of the laboratory work as now performed.

The Treatment of Nævus by Collodion.—At a recent meeting of the Midland Medical Society of England, Mr. Thomas showed three cases of nævi treated by collodion—one in the back, another in the parotid region, and a third over the anterior fontanelle in a young infant. Collodion was painted over them and the skin in the vicinity, the applications being usually carried out by the mother. In all considerable improvement had resulted, rendering further treatment by operation unnecessary. He pointed out the absolute freedom from risk or danger, and the advantages it offered in some situations where almost all methods were unsafe.—*Birmingham Med. Review*, January, 1890.

Curetting of Chancroids.—Dr. O. Petersen, of St. Petersburg, has employed the following treatment in 162 cases of chancroids, the average period of healing being eight days. After injecting a 4% solution of cocaine into the base of the ulcer, he scrapes out the sore thoroughly with a small sharp curette, so as to leave a clean surface behind. Care should be taken that no pockets remain under the excavated margins of the chancroid. After the curetting the ulcer is irrigated with a 2% solution of carbolic acid or a 1 to 2,000 sublimate solution, and an iodoform dressing applied. No hæmorrhage was observed from the scraping, even in cases where the sore was situated on the glans penis.—*Allg. Wien. Med. Zeit.—Int. Jour. Surg.*

Dr. Meig's Method of Preparing Baby-Food.—Dr. Arthur V. Meig's direction are as follows:

"One quart of good ordinary milk is placed in a high pitcher, or other vessel, and allowed to stand in a cool place for three hours; then one pint is slowly poured off from this, care being taken that the vessel is not agitated, the object being to obtain the upper layer of fluid, rich in fat, and leave the lower, comparatively poor portion, behind. When the child is to be fed, there are taken of this weak cream three tablespoonfuls, of lime water two tablespoons, and of sugar-w te three tablespoonfuls. The sugar-water is to be made in the proportion of eighteen drachms of milk-sugar to one pint of water. This makes only four ounces of food, and if the infant is old enough to require eight ounces at once, double the quantities of each of the ingredients must be mixed. This is simply warmed in a bottle, as usual, and is then ready for use."

Hypnotism at Home.—Through the courtesy of Dr. Robert Funkhouser, we were enabled recently to witness an exhibition of the phenomena of hypnotism that, for remarkable results, was probably not to be surpassed by our trans-Atlantic brethren who have studied and practiced it so long. To see a subject looking into the depths of a *paste-board* mirror, discern and describe the face of a gentleman whom she has never seen before, and who comes up softly behind her and looks over her shoulder so that his image would be reflected were it a real mirror—this is startling, to say the least. And the earnestness with which she undertakes the enterprise of breaking a bank, or of murdering the supposed officer who has her under suspicion, may well call up thoughts regarding the nefarious purposes to which this art may be put by future adepts in villainy.

A paper by Dr. Funkhouser will soon appear in the Review, and will tell the whole story.

Brown-Sequard's Elixir will perhaps take a new lease of life. The venerable discoverer of it has come again with further facts in its favor and a new method of taking it, viz., by rectal injection. In the *Archives de Physiologie normale et Pathologique*, Dr. Brown-Sequard cites the results of some very exact experiments made by Dr. R. Suzor, of the island of Mauritius. The experiments were made upon two lepers who, after an injection of testicular juice, showing striking improvement in nervous and cutaneous symptoms. Dr. Brown-Sequard cites a case of impotence cured by the injections.—*Med. Record.*

To speak of the method by rectal injection as a new method would be a misnomer, for this is a custom which has prevailed, as we understand, in certain (non

scientific) society circles for ages, with no especially startling results save the formation of an occasional rectal chancroid, etc., followed, perhaps, by stricture. There is no very marked difference of absorptive power between the vagina and rectum, and we are inclined to think the old-fashioned manner of injection will continue to remain the favorite method.

Seriously speaking, if the "new lease of life" referred to has nothing more than the above for a foundation, there will probably be a cancellation of the lease before many moons.

About Medical Journals.—We must congratulate the *St. Joseph Medical Journal* on its artistic "front elevation," its new dress and general aspect of renovation; the changes are pleasing in the extreme.

Is it a *fad* to run a medical journal now? It would seem so from the number of new ones that the new year has brought forth. In addition to those mentioned in a recent number, we have now to remark the *entree* of the *Dixie Doctor*, a monthly, hailing from Atlanta, Ga., and edited by Dr. J. H. Huzza; and the *Country Doctor*, a weekly, of sixteen pages, edited by Dr. J. T. Colgan, of Arcot, Tenn.

Progress, too, has been revived after a sleep of eight months.

The *London Medical Recorder*, an English journal of long standing and well-earned reputation, has been discontinued because of insufficient support.

La France Medicale, of Paris, begins its new volume greatly enlarged.

Medical Chips has been transformed into the *St. Louis Clinique of Physicians and Surgeons*, and has been enlarged and redressed, so that it now presents a much more handsome and dignified appearance. It is the official organ of the College of Physicians and Surgeons.

BOOKS AND PAMPHLETS RECEIVED.

Wood's Medical and Surgical Monographs. Vol. V, No. 1. January, 1890. Containing:

I. Neuralgia; Its Etiology, Diagnosis and Treatment. By W. R. Gowers, M.D., F.R.C.S.

II. The Prognosis of Diseases of the Heart. By Prof. E. Leyden, Berlin.

III. The Sputum. A Contribution to Clinical Diagnosis and Practical Examination for Tubercle Bacilli. By Peter Kaatzer, M.D.

IV. Hypnotism; Its Significance and Management Briefly Presented. By Dr. August Forel.

V. The Forms of Nasal Obstruction, in Relation to Throat and Ear Diseases. By Greville Macdonald, M.D.

Enucleation of Tuberculous Glands. By Thos. W. Kay, M.D., Scranton, Pa. Reprinted from the "Medical Register."

Studies in Intestinal Surgery. By William B. Van Lennep, A.M., M.D., Philadelphia, Pa. Reprinted from "Hahnemannian Monthly."

An Elementary Text-Book of Chemistry. By William G. Mixter, Professor of Chemistry in the Sheffield Scientific School of Yale University. Third and revised edition. New York; John Wiley & Sons, 15 Astor Place. 1890.

A Digest of Twenty Years' Experience in the Treatment of Uterine Cancer, Including 367 Operations by Galvano-Cautery. By John Byrne, M.D., M.R.C.S. Eng., Surgeon-in-Chief to St. Mary's Maternity; Chief of Gynæcological Department, and President of the Faculty of St. Mary's Hospital, Brooklyn; Fellow of N.Y. Acad. of Med.; Member and Ex-President of the N.Y. Obstet. Soc., etc. Reprinted from the "Transactions of the American Gynæcological Society," vol. xiv, 1889.

Sur le Traitment Electrique des Fibromes Uterins, par les Drs. L. Championniere et Danion.

Sexual Neurasthenia (Nervous Exhaustion), Its Hygiene, Causes, Symptoms, and Treatment, with a Chapter on Diet for the Nervous. By Geo. M. Beard, A.M., M.D., Formerly Lecturer on Nervous Diseases, Univ. of the City of New York, etc. Edited by A. D. Rockwell, A.M., M.D. Second edition—with formulas. New York; E. B. Treat. 5, Cooper Union. $2.00.

Practical Electricity in Medicine and Surgery. By G. W. Overall, M.D., formerly Professor of Physiology, Nervous Diseases and Electro-Therapeutics in Memphis Hospital Medical College. 1890. Price, $1.00. New York; J. H. Vail & Co., 21 Astor Place.

Manual of Skin Diseases, with Special Reference to Diagnosis and Treatment; for the use of Students and General Practitioners. By W. A. Hardaway, M.D., Professor of Skin Diseases in the Mo. Med. College, and in the St. Louis Post-Graduate School of Medicine, etc. Price, $3.00. St. Louis, Theo. F. Lange. 1890.

A Plea for the Inebriate. By E. J. Kemph, M.D., of Jasper, Indiana. Reprint from "N. C. Med. Jour." 1889.

A Case of Extra-Uterine Pregnancy. Operation; Recovery. By L. S. McMurtry, M.D., Danville, Ky. Reprinted from the Transactions of the American Association of Obstetricians and Gynæcologists, September, 1889.

A Study of the Pathology and Treatment of Intra-Pelvic Inflammations. By the same. Reprinted from Trans. Amer. Ass'n. Obstetricians and Gynæcologists.

Vick's Floral Guide, 1890.

Transactions of the Arkansas State Medical Society, Meeting held at Pine Bluff, May 28, 29 and 30, 1889.

On the Treatment of Diabetes by Free Phosphorus. By Balmanno Squire, M.B., Lond. London; J. and A. Churchill, 11 New Burlington St. 1889.

Notes of Zootic Cellulitis, or "Pink-Eye." By C. M. Culver, M.A., M.D., Albany, N.Y. Reprinted from "Albany Med. Annals," November, 1889.

Test-Types. By the same. Reprinted from "Albany Med. Annals," November, 1889.

Laws Regulating the Practice of Medicine in North Carolina.

Higher Medical Education, and How to Secure It. The Annual Address before the Alumni Ass'n. of the Univ. of Maryland. By Richard H. Lewis, M.D., of Raleigh, N.C.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year, 1889. Washington, D.C.; Government Printing Office. 1889.

Statistique des Operations Faites dans l'Espace de deux Ans a l'Hospital Saint-Louis, par M. le Dr. Just Lucas-Championniere, Chirurgien de l'Hospital St. Louis. Paris; A. Coccoz, 14 rue de l'Ancienne Comedie.

SOCIETY PROCEEDINGS.

CHICAGO PATHOLOGICAL SOCIETY.

Dr. Wm. E. Clarke, read a paper (see p. 81) on

Phlebotomy.

Dr. A. E. Hoadley, in opening the discussion, said: I do not know that I can do any than express disappointment in the paper. It was very interesting as far as it went, but I was in hopes of learning some scientific principles upon which blood-letting was founded. It is unquestionably accepted by the profession as a proper measure to adopt in puerperal eclampsia. I think there is a good deal that might be added as to the therapeutic influences of blood-letting in order to make the paper complete; otherwise I have no remark to make on the subject. I agree with the sentiments of the paper as far as it goes. I cannot give any theories of my own to substantiate blood-letting.

Dr. Henry M. Lyman.—I do not know very much about this matter experimentally, yet I think that blood-letting is a very valuable therapeutic agent in the treatment of many cases of disease. I am not prepared to go as far as some do in advocating its use in cases of puerperal eclampsia, yet I suppose it is advantageous in many cases of that sort. My experience with it has been rather unfortunate. I think in every case that I have seen, where blood-letting was resorted to in puerperal eclampsia, death followed, not necessarily because of the blood letting by any means, but perhaps from some other cause. That has been my misfortune. I would not on that account condemn its use in puerperal eclampsia. We know that it is an agent of great power to relieve turgescence in local territories that are engorged with blood, and that where blood-letting is locally employed it reduces pain. You are doubtless familiar with the effect of scarifying parts engorged with blood; the application of leeches to the anus, for example, in cases of engorgements of the liver or lungs, is useful indeed. Blood-letting in cerebral congestions and in pulmonary engorgements is very useful. But while I recognize the value of the method, I do not feel that it is the only indispensable one in the treatment of disease. There are other agents which will produce the same results in a great many cases, but where an immediate effect is required blood-letting is one of the best.

With regard to the theories that govern us in the use of it. We know with regard to local engorgements that, if the veins of the lungs are distended so that the right side of the heart cannot empty itself, no matter what the cause may be—uræmia, inflammation of the lungs, inhalation of anæsthetics, or anything that produces this condition of things—if that distension of the right side of the heart progresses and increases the heart will be more and more enfeebled, and it may be carried so far as to produce stoppage of the heart, and we find the right cavities of the heart distended with blood. If the burdened heart is exposed in an animal, and a trocar introduced so as to draw blood from the ventricle, the heart begins to beat again. It propels the blood onward through the proper channels and in that way great relief is obtained. Local depletion seems in many cases to improve the quality of the heart's action, to improve the circulation of the blood and general condition of the patient, and that is one way in which blood-letting is useful. There is another way in which it is useful, and that is through the effect produced upon the general nervous system. General blood-letting, leeching, cupping, and all methods of that kind, produce not only depletion of the blood itself, but a beneficial effect upon the vaso-motor system so far as the propulsion of blood through the arteries and capillary vessels of the body is concerned. When we advance the theory that blood-letting reduces pressure in the vascular apparatus and relieves the enfeebled walls of the blood-vessels from pressure, that is not so. Experiments upon animals show pressure is not reduced by bleeding the vessels, because just as quickly as you draw blood from the vessels the liquids in the lymph spaces rush in to fill the vacancy, and the pressure is kept up, so that it is not by any reduction of pressure that we may expect to relieve the congestion where there is congestion of the lungs, or anything of that kind. It is rather by the effect upon the vasomotor system than by any reduction of pressure that benefit is obtained by drawing blood from the veins. It was the old doctrine that if we diminish the amount of blood in the body we proportionately diminish the amount of poisonous matter circulating through the body in toxic diseases. This theory is reasonable, and it is one which probably accounts for some of the beneficial effects of blood-letting. But there is also a disadvantage in thus depriving the tissues of nutritious material, and it is a question always which is the worse for the patient, the abstraction of nutriment from the tissues or the removal of poisonous agents circulating

with the nutriment. Of course the answer must be different in different cases.

The great disrepute into which blood-letting fell in olden times is due probably to a lack of theory and the incautiousness of practitioners.

I remember very well one of my own early experiences when I was a boy at school. One of my playmates was taken sick. He was a thin, delicate, anæmic fellow who seemed to be very ill indeed, and a physician was called to see him. One night I remember the physician coming, looking the boy all over, and seeming to be perplexed what to do. At last the boy's arm was tied, and the physician pulled out his lancet, when the boy fainted. The physician then concluded not to bleed him, and the boy gradually improved and recovered.

With my present experience I should say it was a case utterly unfit for bleeding, as there was not the slightest indication for it. The physician evidently did not know what else to do, but thought he must do something. That being the practice at that time it is not strange that blood letting fell into disrepute, as did the use of mercurials, since physicians then had no clear theory to guide them. They simply did it because they did not know what else to do, and consequently the laity found them out. To-day we resort to this means of treatment with more safety and to better advantage, and in some cases we might use it more frequently than we do.

Dr. J. J. M. Angear.—There are one or two points that might be added to what Professor Lyman has said. In some of the cases where bleeding is of any service, I suppose there is a possibility of the circulation stopping on account of the congestion of the venous side. Now, if we can conceive of a case of where the heart is overpowered by venous congestion but still beating, by drawing a small amount of blood from the venous side it would relieve the veins of the engorgement so that the heart could contract more effectually and send the blood through the arteries as well as through the veins. We should fear this engorgement as the engineer would fear the stopping of his engine on the dead point. If he can only get his engine over the dead point at the critical moment he is satisfied that the engine can go on with the amount of steam he has. The circulation of the blood may be in the same condition. What has drawn my attention to this particular point is this: In many cases where I have been called into counsel (rather late it is true) in puerperal eclampsia, we have attempted to bleed and could not draw blood. The blood would not flow; there was not force enough; stagnation had taken place, and the blood seemed to be thick and heavy. I can readily see that if a small amount of blood had been drawn just prior to such a condition of things, life might have been saved. But the idea, as Dr. Lyman says, of diminishing the quantity of blood and blood pressure, is all nonsense. It does diminish the amount of red corpuscles the stimulating factor of the blood, and consequently diminishes excitement. There is no evidence, however, as our grandfathers used to think, that by diminishing the amount of blood we lower the temperature. Mere bleeding does not and will not lower temperature, and we must not depend upon that as a refrigerating element, for if we do we are going to fail. It will take away a certain amount of normal blood and allow the lymph, intermuscular fluid and the liquid in the alimentary canal to enter the blood vessels and the blood becomes hydræmic, and that diminishes the viscidity of the blood and therefore it can be sent through the capillaries with less power than thick viscid blood.

By diminishing the viscidity of the blood we take away a certain amount of labor from the heart, and thereby we restore the lost circulation. There may be times when bleeding will save life where nothing else will, but no doubt it has been greatly abused.

Dr. I. N. Danforth.—We have remedies now, which our forefathers did not possess, or at least did not understand as well as we do, that we use in lieu of blood-letting. Last week I was called to see a young man with a temperature of 105°, pulse 120, with all the symptoms of incipient pneumonia. The patient had reached the dry stage of the disease. In olden times the case would have been a typical one for bleeding. Instead of bleeding I gave the patient a cathartic followed by aconite and morphia in divided doses, to be repeated once every hour. The next day the temperature was down to 101°, and pulse 80. The patient was in a state of free perspiration, and the respiratory sounds were gradually returning to their normal condition. I supposed I brought about with aconite the same results that bleeding would have produced. Veratrum and aconite take the place of bleeding. Another reason why bleeding is not resorted to as frequently to day as of old is because we discriminate. It was routine practice for our forefathers to bleed. I am satisfied that bleeding is indicated sometimes when it ought to be done, while at other times it is done when it ought not to be done.

Dr. J. M. Patton.—I have been very much interested in the discussion of this subject, because I am one of those who know absolutely nothing about bleeding. I have never bled a person in private practice. It seems to me that there is a deficiency in this argument on the scientific side of the question. It is very unfortunate that we have no record of vascular pressure and the pulse tracings before, during, or after the process of bleeding. A great deal has been said about the reduction of vascular tension and pressure by bleeding—in fact the two points from which arguments have been made for or against bleeding, have been on the ground of the reduction of vascular tension or the removal from the system of those products which irritate the nervous system by being contained in the vessels. Dr. Lyman's assertion that vascular pressure is not relieved by bleeding is true in a certain sense, the fact being that bleeding greatly reduces vascular pressure at the time. The column of mercury in the hæmadynamometer will go down very much during the process of bleeding, but it is soon restored by the abstraction of serosities from the tissues, to its former elevation.

It seems to me that the effect produced on the vascular system must be produced there by means of and through the center in the nervous system which governs vascular tension, the propelling force of the heart being intermittent the vascular supply must be reduced by some means to a continuous equable pressure in the capillaries in order to have an even flow through the capillary vessels. The reduction or transformation of intermittent force into a continuous force in the capillary system is effected by two forces: (1) By the tension of the arteries, which is under the control of the vaso-motor system of nerves, and (2) by the elastic rebound of the arterial wall. These forces produce through the widely distributed capillary system a continuous equable pressure; the capillary circulation is widely affected by changes in the caliber of the arteries, tension of the arteries is directly opposed to the pumping force of the heart and may antagonize it sufficiently to produce congestion in the capillaries. Tension of the arterial system does not depend on the volume of blood, but on the calibre of the vessels, which is controlled by the vaso-motor system of nerves; the benefit derived from abstraction of the blood is not because of a lessened volume of the circulatory medium, but because of the effect on the vaso-motor centers, by means of which increase the calibre of the vessels is affected, and the force of the heart is again extended to the capillary circulation. The same effect can be obtained by those medicines which dilate the vessels, when their effect can be obtained, as has just been instanced by Dr. Danforth in the case where he administered opium, though in many instances there seems to be special benefit derived from the relative hydræmia which is produced by blood-letting. In spasmodic arterial contraction accompanying chronic kidney disease, producing congestion of the kidneys with diminution of urine, the effect of the remedies is marked. The only way I can explain the success obtained in puerperal eclampsia through such drugs as opium, chloral, chloroform, etc., is by their effect on the vaso-motor system, which is practically the same on the circulation as abstraction of blood. If careful study of pulse tracings were made in the various conditions of the circulation produced by these remedies and blood-letting our position would be more certain. If the vascular tension is great the sphygmograph gives a tracing with the minimum of distance between the highest and lowest points; if the tension is low, a tracing with the greatest distance between these points is produced. Diminished tension favors oscillation of the blood and increases dicrotism. Thinning of the circulating medium will interfere with dicrotism, because a thick heavy fluid will give a better dicrotic wave than a thin fluid. Dicrotism should be more marked after a given amount of dilatation of the vessels from those drugs which di late the vessels than after abstraction of blood, because of the addition of the serosities of the tissues to the blood after the latter proceedure.

Dr. L. Ermine said that in the cases which came under her observation in which blood-letting was resorted to, relief was immediate.

Dr. John D. Skeer said there was a time when blood-letting was fashionable, and there were three objects in view: (1) To lower the tension of the blood vessels, (2) to diminish the labor of the heart and (3) to diminish the *vis a tergo*, which we now call diminishing blood pressure. That blood-letting fulfills those indications he knew from his personal experience. Many times he has resorted to it with great relief to patients.

SELECTIONS.

AN EASY METHOD FOR THE REMOVAL OF PLASTER-OF-PARIS APPARATUS.

I have used of late a plan in the removal of plaster and starch bandages which seems to do away with the annoyance to the surgeon, and the discomfort, not to say distress, to the patients, attending removal by the shears.

It consists simply in the application of a piece of wire under the bandage, which is made to cut its way out when removal of the apparatus is desired.

The limb is prepared for the bandage in the usual manner, either by the application of a flannel roller or by being well anointed with vaseline. A fine steel wire is then laid the length of the limb, in the situation that it is desired subsequently to cut, and firmly held in position by an assistant. This is secured by a few turns of the plaster bandage, and the apparatus finished in the ordinary way.

The wire should project four or five inches at each end of the bandage, so as to afford sufficient for a firm hold when the time comes for removal. These free ends of the wire may be bent down after the casing is completed, to prevent the annoyance to the patient which the sharp ends might otherwise produce.

When the removal of the appliance is desired, it is necessary to have the patient rest his limb upon a table in order that it may be perfectly steady, and while the lower projecting end of wire is firmly held in place, to prevent its slipping underneath the bandage, the upper end is seized by a pair of pincers and by firm traction is made to cut its way through the whole length of the casing. The apparatus may now be bent back and removed, the operation having caused no discomfort, which can hardly be said of the combined prying and cutting with a pair of plaster shears.

To two points would I like to call attention before I close. The first is that no attempt should be made to remove the casing until it is completely and entirely dry. The wire will not cut through wet bandage.

The second is, that while one wire will cut through the ordinary light dressing, such as is used on the arm, yet when an extra thickness is given to the apparatus, as in a plaster jacket, or in an appliance to the lower limbs, I would recommend that two or even three wires be used, to make the cutting easier and more sure.

If more than one wire be used, the second is laid as

nearly over the first as possible, after a few layers of bandage have been applied, and a third over this if it be deemed necessary. Thus a layer of plaster and bandage will intervene between each of the two or three wires. The method of cutting is evident. It is done in sections, by pulling the wires in inverse order to that in which they were laid.—CHARLES H. RICHARSON, M. D., in *Med. Record*, Nov. 16, 1889.

IODOFORM GAUZE IN POST-PARTUM HÆMORRHAGE.—Dr. O. Piering, assistant in Prof. Schata's obstetric clinic in Prague, has published his experience in the employment of Duhrssen's plan of plugging the uterus with iodoform gauze for post-partum hæmorrhage due to an atonic condition of the organ. Duhrssen recommends that, when post-partum hæmorrhage comes on, the bladder should be emptied, and forcible friction and intra-uterine irrigation of hot or cold water, along with ergotin hypodermic injections, employed; that if the hæmorrhage still continues, the cavity of the uterus should be filled with iodoform gauze, the irritation produced by this setting up active and permanent contraction. The method has, according to Duhrssen, the advantages of great certainty, complete harmlessness, and facility in its performance. Olshausen, Viet and Tehling, however, say that the contraction set up is not always permanent, and that the method is not so free from danger as Duhrssen believes. In consequence of these conflicting views, Dr. Piering resolved to give the method a trial, and he details several cases in which he employed it with complete success. In no case was any harm done by it. He advises that resort to the plug should not be to long delayed, and he prophesies an important future for the plug of iodoform gauze in post-partum hæmorrhage.—*Lancet.*

MEDICAL ETHICS.—All legitimate practitioners of medicine, their wives and children while under paternal care, are entitled, not as a matter of right, but by professional courtesy, to the reasonable and gratuitous services (railway and like expenses excepted) of the faculty resident in their immediate or near neighborhood whose assistance may be desired. In the case also of near relatives who are more or less dependent up on a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or daughter altogether independent of the father, or the widow and children of a practitioner left in affluent or well to-do circumstances, should be charged as ordinary patients, unless feelings of friendship or other special reasons render the attendant practitioner averse to professional remuneration. In such cases the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined, for no pecuniary obligation ought to be imposed on the debtor which the debtor himself would not wish to incur.—*British Medical Journal.*

USEFUL FORMULÆ.

ERYTHEMA.—Take of

Subnitrate of bismuth,	-	drachm, 1.
Creasote,	- - - -	drops, 5.
Syrup of acacia,	- -	ounces, 2.
Peppermint-water,	- -	" 2.

Mix. Dose: One to two teaspoonfuls three to four times a day.

ERYTHEMA.—Take of

Infusion of digitalis,	-	ounces, 2.
Spirit of nitrous ether,	- -	" 2.

Mix. Dose: From 1 to 2 teaspoonfuls in water every three hours.

FURUNCULUS—BOIL.—Take of

Oxide of silver,	- - -	grains, 4.
Extract of belladonna,	- -	" 2.
Sulphate of quinine,	- -	" 40.

Mix and divide into 20 pills.

Dose: One pill three times a day.—*Med. Bull.*

CATARRH OF PHARYNX.—The following is claimed to be a useful gargle in catarrh of the pharynx:

℞ Sulph. zinci.	- -	gr. xv.
Thymoli,	- - -	gr. ⅓.
Alcoholi, s - - -	}	aa f℥jss.
Glycerini puri, - -	}	
Aq. Menth. pip.,	- -	f℥x.

M.

TREATMENT OF PROFUSE MENSTRUATION.—

℞ Dialyzed ergotine,	-	grammes, 40.
Distilled water,	- -	" 70.
Glycerin,	- - - -	" 20.
Salicylic acid,	- -	centigrammes, 20.

M. Sig.: One teaspoonful diluted with 3 teaspoonfuls of water to be injected into the rectum once a day after stool.—Reinstadter, in *Gaz. Med. de Liege; Jour. of the Amer. Med. Ass'n.*

TREATMENT OF MEASLES.—For immediate use:

℞ Salol,	- - - - - - -	ʒss.
Bismuth subnit.,	- - - -	ʒss.

And div. in chart. no. vi, or fill 6 capsules. One every three or five hours.

Or salol alone, according to the following:

℞ Salol,	- - - - - - -	ʒj.

Sig.: Fill 10 capsules and take 1 every three or five hours.

℞ Bismuth subnit.,	- - -	ʒij.
Tr. opii,	- - - -	gtt. lxxx.
Neutralizing cordial,	- - -	ʒxxiv.

M. Sig.: Teaspoonful frequently, repeated if required.

In any event it may be best to commence treatment with laxatives. A neutralizing cordial will answer, or the following repeated:

℞ Ext. cascara sagrad.,	- - -	ʒij.
Elix. cascaræ,	- - - -	fʒxxxij.

Sig.: Teaspoonful.—McCall, in *Med. Standard.*

ORIGINAL ARTICLES.

THE EVOLUTION OF THE LOCAL VENEREAL DISEASES.

BY G. FRANK LYDSTON, M.D., CHICAGO, ILL.

An Answer to Dr. Bransford Lewis, on the "Independence of the Local Venereal Diseases."

My esteemed friend, Dr. Lewis, has done me the honor to present through that excellent medium, the WEEKLY MEDICAL REVIEW, a criticism upon my paper, "The Evolution of the Local Venereal Diseases," which he read in the discussion of said paper at the meeting of the McDowell Medical Society, at Henderson, Kentucky, November 11, 1889.

In justice to myself and to the theory which I have advocated, I shall take the liberty of answering Dr. Lewis through the same medium. I will therefore present as nearly as possible the remarks with which I closed the discussion of my paper at the Society meeting.

Dr. Lewis states that it has been finally settled that the "world do move," but that "it doth move in a circle, in its opinions as well as in its orbit." He further goes on to say that, practically, my views would throw the differentiation of venereal diseases back several centuries into the confusion of the past. Being based upon the assumption that I had stated in my paper that chancroid and gonorrhœa were identical, his remarks in this connection are not only irrelevant but a trifle inaccurate. The assertion made by him that a clear definition between chancroid and gonorrhœa existed centuries ago, at which time syphilis was probably unknown, is not only very sweeping, but in the light of syphiological history, will hardly stand. Chancroid as an entity was practically unknown until the time of Basserean, but was supposed to be a part and parcel of syphilis. Syphilis, although unknown to European writers prior to the latter part of the 15th century—at which time, as Dr. Lewis states, it made its *debut* into society—was unquestionably recognized and well understood in Asia several thousand years ago. Ancient Japanese writings describe the disease quite accurately. Dr. Lewis seems to consider the distinctions between chancre and chancroid to be so clear that there should be no possibility of confusing the two. I myself, while believing them to be distinct and separate entities, am forced to admit that the border-line between the two is by no means well marked in a large proportion of cases. Were I inclined to believe the two diseases to be the same, I would have plenty of excellent company. It would not surprise me if a relation between chancre and chancroid should yet be established upon thoroughly scientific grounds. Even so eminent an authority as Jona than Hutchinson has recently intimated in his Lettsomian Lectures that there is a relationship or interdependence between syphilis and chancroid. The ranks of the unicists embrace some very talented men to say the least.

In my paper upon the evolution of the local venereal diseases, I made no mention of syphilis, which was in itself a tacit admission that that particular disease is a distinct and specific entity. That even it, however, may have evolved from a disease which was primarily local I consider to be within the bounds of possibility.

The strictly local character of gonorrhœa and chancroid, and their community of habitat (taking the sexual organs as a whole) is at least a warrant for the suspicion of their co-relationship. It has been questioned by very excellent authorities whether gonorrhœa is in any sense a specific disease. I admit in my paper—and this point Dr. Lewis evidently does not understand—that by a process of evolution of the products of a primarily simple inflammation a type of disease, urethritis or vaginitis (*i. e.* gonorrhœa) may eventually be developed which is "specific,"—in that when transplanted to a perfectly healthy mucous membrane under favorable circumstances, of environment it produces a typical result. I did not state, as Dr. Lewis seems to infer, that gonorrhœa, chancroid, chancre, herpes, etc., are merely different phases of the same disease, nor that the inoculation of chancroidal pus produces gonorrhœa. Dr. Lewis' understanding of my position is equivalent to that of those who believe that Darwinism simply implies the lineal descent of man from monkey, whereas Darwin claimed nothing of the kind.

The basis of my position is:

1. The dependence of the local venereal diseases upon the action of germs either directly or through the medium of their products.

2. The susceptibility of said germs to evolutionary pregression and differentiation.

Now, if the germ theory of infectious diseases be accepted and the germ of any particular disease be admitted to be a living organism, we must apply the same laws of evolution to the germ that we apply to the animal which it affects. The law of evolution applies with equal force to the germ (parasite) and the animal (host) which it infests. The law of evolution does not accept as tenable the theory that all living organisms were created primarily as they are;—that they always existed in their present condition of development. *Per contra* it is believed that all living organisms of whatever kind are the lineal descendants of organisms of more or less complex organization and of a greater or less degree of differentiation. Now, if the germ be susceptible to evolutionary laws, there must necessarily be a variation in its results from time to time. The germ which to-day produces a malignant type of diphtheria may be, and in all probability is, the lineal descendent of a germ which was innocuous. The co-relationship of simple and severe types of disease due to the same cause, *i. e.*, dependent upon the same germ

or *materies morbi*, is recognized at the present day by every logical and scientific thinker in the medical profession. Observe, for example, the wide variation between the mild and severe types of diphtheria, scarlatina, small-pox, typhoid fever, typhus fever, etc., and yet both mild and severe types—dissimilar though they may seem— are precisely identical. Observe also the wide difference which exists between vaccinia and variola, yet vaccinia is in all probability a derivative of variola, and unquestionably protects the individual whom it affects from its more serious progenitor. Is there any possibility of changing vaccinia into variola or variola into vaccinia as they exist in typical examples of each disease? No; and yet would it be logical to deny their co-relationship upon this ground? Now, what is it that modifies the results of bacterial infection? Simply, degrees of cultivation, dose, length of time of exposure, individual susceptibility, environment of the individual, and in the case of local diseases, the local environment of the germ. Has it not been shown in the laboratories of Pasteur and his disciples that artificial cultures of bacterial organisms may result upon the one hand in an intensely virulent poison, and upon the other in one which is perfectly innocuous, there being between the two extremes any number of variations in degree of severity of the results which the germs are capable of producing when inoculated upon the animal body? Are not these experiments a criterion of what is possible, and which in all probability is constantly taking place in nature's laboratory? Is it possible for a Pasteur with all his skill to produce the exact conditions under which germs are developed in the animal body; or, for that matter, in the filthy and ill-ventilated sewer? Knowing then, the possibilities of Pasteur's experiments with his limited opportunities for imitating the conditions under which germs develop in what may be termed their own normal existence, is it not presumable that still greater possibilities of variation are to be expected from germs which develop in the animal body, or in, as I have before remarked, the filthy drain?

The consensus of scientific opinion at the present day is to the effect that gonorrhœa and chancroid are filth diseases. If these diseases result from filth in the sexual organs of women, how do they originate if not by a process of decomposition of organic materials, which decomposition is set up by the ordinary germs present in the atmosphere?[1] These germs, aside from their property of exciting decomposition, are innocuous. They have the property of developing poisons in putrescible fluids. They accomplish this result by procreation and multiplication, and it is the successive crops of germs that are more or less virulent, not the parent stock. Would Dr. Lewis claim that the germs of gonorrhœa and chancroid exist in the atmosphere as specific entities, or that they were implanted in the sexual organs of women as a special act of beneficence on the part of the Creator? If he does not claim this he must admit from his knowledge—which I believe to be considerable—of the life-history of germs that there must necessarily be—through a process of adaptation of environment—a variation in the successive crops or cultures of germs and the consequent acquirement of properties varying in degree and possibly in kind from those of the parent stock. With a variation in these properties must necessarily come a variation in the effects of the germ when inoculated upon healthy tissues.

If my position be not correct, we must throw the evolutionary theory out of court—or if we accept the evolutionary theory we must throw the germ out of court as regards its relation to the venereal diseases. If we admit the dependence of an infectious disease upon a germ and said germ is admitted to be a living organism, we must admit—*nolens volens*—that the germ is susceptible to evolutionary laws.

I am free to admit that it will be impossible for me to convince any one who accepts the theory of creation as laid down in the book of Genesis, of the correctness of my position in regard to the evolution of the local venereal diseases. If the argument be advanced that I am wrong, because the world was made in six days and finished on the seventh, it will be impossible for me to answer it. If Dr. Lewis denies the correctness of my position, I would respectfully ask that he distinctly state what he believes to be the character of the poison of gonorrhœa and chancroid, whether it be a germ or not, and if a germ, where it came from? Was it created just as it is and for the purpose to which it seems best adapted—that of infecting the sexual organs of unfortunate humanity? Or is it a germ which, as I claim, was primarily innocuous, but which through favorable circumstances of environment has become infectious and virulent?

To conclude I will state my position again as being simply this:

1. I believe that gonorrhœa and chancroid are germ diseases.

2. That the germs of these diseases are the lineal descendants of organisms which were primarily innocuous.

3. That the innocuous properties of the highly cultivated germ are the result of an adaptation to environment.

4. That through successive cultures in a favorable environment, a type of germ may finally develop which produces a typical, *i. e.*, so-called specific, result.

5. That between the primal point of departure from the innocuous germ we have through the medium of decomposition the addition of filthy discharges and a perverted state of the secretions incidental to constitutional depravity, a number of varying grades of virulency of germ capable of producing the widest variation in results.

6. That although gonorrhœa and chancroid are apparently distinct and separate diseases, yet they are the

[1]Or by those organisms which are ever present in the vaginal and uterine secretions.

results of the cultures of germs derived from the same parent stock—the lines of divergence being similar to those laid down in the scheme of Darwin and the terminals of those lines being apparently widely different.

I believe that the difference of opinion existing between Dr. Lewis and myself is mainly dependent upon his misconception of my ideas. This I know to be the case with Dr. Dixon, whose letter appears in the same issue of the REVIEW as the criticism of Dr. Lewis. I regret that I have not the time and the REVIEW has not the space requisite for a complete presentation of my views.

My paper, as read at the McDowell Society, will shortly appear in the New York *Medical Record*, and I trust that it will make my position clear to the various prominent gentlemen who have honored me by giving such fragments of it as have appeared, their attention. Unfortunately, Dr. Lewis' criticism is based, not upon the paper which I actually read at the McDowell Society, but upon a short and more or less fragmentary presentation of the subject which appeared in the Detroit *Medical Age*. In this paper, which was really a lecture upon gonorrhœa, delivered at the College of Physicians and Surgeons, I made no attempt to thoroughly outline my position in regard to the origin of the disease, but simply hinted at it in a general way wherever necessary to complete the continuity of the lecture.

Dr. Dixon really supports my position while trying to upset me. He says: "If the cause of gonorrhœa be, as is claimed, and as I believe, due to the gonococcus of Neisser, then if the theory of evolution be true—and I believe it is—gonorrhœa can be produced by nothing beside the gonococcus, and the gonococcus will produce nothing beside gonorrhœa, and I should as soon expect to plant a grain of corn and see a stalk of wheat evolved from it, as to see a chancroid produced by infection from gonococci. We all know that originally the horse was a very small animal with five toes upon each foot, and that by a process of evolution it has reached that perfection of form and action which we so much admire, but by no process of evolution can it ever be other than a horse."

My dear Dixon, who can dispute the logic of your position? But what about the gonococcus before it evolved into a gonococcus? Did not the intermediary germs possess properties differing from those of the gonococcus as it is met with in its inferentially perfect condition? To be sure the horse was originally a very small animal with five toes, but, my dear doctor, was it a horse? Do you believe that you could recognize the lineal ancestor of your thoroughbred if you had him before you on your office table? Just imagine the wide variation of type between your five-toed animal and your Kentucky thorough-bred! Establish so trifling a process as cross-breeding and lo and behold—your horse is a mule! There is of course a typical chancroid and a typical gonorrhœa which we are pleased to term specific, but they are specific by virtue of their present properties rather than their origin; that is, I believe that they have a community of origin, but that through evolution they finally became apparently distinct and separate morbid entities. I believe also that if we could reproduce the precise circumstances of environment under which spontaneous cultivation of the so called specific poisons occurs, we could produce by attenuation varying types of disease ranging in severity from simple urethritis, balanitis, and herpes up to a virulent urethritis, and phagedenic chancroid.

A very powerful element in producing variations in the poisons of the local venereal diseases is, in my opinion, morbid changes in the secretions of the female sexual organs, incidental primarily to perverted tissue metabolism, and secondarily to a vitiated state of the secretions. This is, I believe, the mysterious connecting link between the varying types of venereal disease, and is the explanation of those mysterious cases in which an individual contracts disease from an apparently healthy woman, which mysterious cases we are prone to explain upon the ground of untruthfulness on the part of the affected individual or the person from whom he contracted his disease.

My views upon this subject have been presented, in a more comprehensive manner than is possible here, in the *Medical Mirror*[1] for January, 1890.

EXPULSION OF THE OVUM ENTIRE, LATE IN PREGNANCY.

BY C. W. FALLIS, M.D., EAST LYNNE, ILL.

We have been led to believe that expulsion of the human ovum with its membranes intact, after the third month of pregnancy, is a very rare occurrence, although we have cases recorded as having taken place as late as the sixth month.

The following case, however, teaches us that it is not impossible for a delivery of this kind to take place much later in gestation.

The case is one that came under my care quite recently, and is one of unusual interest to me from the fact that it is the first case of the kind to come under my observation; and in my reading I cannot find a similar case reported as having occurred so late in pregnancy.

The mother, a stout, healthy-looking primipara, was taken in labor late in the evening of Feb. 2, and I was not called till the next day, when I was summoned in haste, and on entering the house was told that she was through and "everything is in the bed." Yet no attempt had been made to look after the child, which I was informed, had not made a whimper, and for good reason as we shall see.

As soon as I could get ready, I made an examination and was not a little surprised to find a loose mass between the mother's thighs, which proved to be the ovum entire, placenta and membranes with their fœtal

[1]Gonorrhœa in the Female.

contents altogether in one ovoid sack; the entire contents of the gravid uterus having been expelled in one body.

I removed the fœtal mass to a convenient place, and ruptured the membranes, exposing the child, which was a small emaciated female.

It was about 14 inches in length, and would weigh, I should think, not more than three pounds, though I did not have the means of finding the exact weight.

The mother's statement was, that she was between seven and eight months advanced in pregnancy, but judging from the general development of the child, I think she was mistaken; being her first pregnancy she could easily have missed the time of impregnation.

Although the child was very small, the ossification of the cranial bones, the appearance of the finger-nails, as well as the absence of the lanugo, indicated that it was a fœtus of at least eight months, and possibly one not far from term.

There was no known cause for her pregnancy to be terminated before the allotted time; both parents were healthy, and the mother had not been sick during the time that she was carrying her child; nor do I think she resorted to any means to produce delivery prematurely.

The child had the appearance of recent death; it was alive I think during expulsion, from the fact that the cord was looped over its right shoulder, and the right arm was in a condition of intense venous congestion.

This congestion must have been produced during expulsion, for at no other time would the cord be made tense enough to stop the venous circulation.

From the signs as I read them, I think the woman had under counted her time just about a month, and she was past the eight month instead of the seventh, and her delivery was premature not to exceed two or three weeks.

REPORT ON PROGRESS.

DISEASES OF THE NERVOUS SYSTEM.

BY FRANK R. FRY, A.M., M.D., ST. LOUIS.

The Stevens Commission.

Many readers of the Review will remember reading more or less carefully the rather remarkable little work of Dr. George T. Stevens of New York on "Functional Nervous Diseases." It will be remembered that the book consists largely of the author's Belgian prize essay, the same having been awarded the highest honor by the Royal Academy of Medicine of Belgium in the competition of 1881–83.

That the work is one of much merit must be generally recognized. But to the more careful reader and especially to those with greater experience in treating nervous diseases it must certainly occur that some of the author's conclusions are so remarkable that it would be desirable to have further evidence of their correctness. While there are furnished many examples of splendid results in the cure of certain neuroses obtained by the author's painstaking and superior methods of correcting ocular defects, teaching the general profession a valuable lesson, the question arises whether he is not too enthusiastic in his generalizations; whether he does not claim too much.

In March, 1887, Dr. Stevens read a paper before the New York Neurological Society, with the title: "Irritations Arising from the Visual Apparatus Considered as Elements in the Genesis of Neuroses." The central thought in this paper was embodied in the Belgian prize essay, as follows:

"Difficulties attending the functions of accommodating and adjusting the eyes in the act of vision, or irritations arising from the nerves involved in these processes, are among the most prolific sources of nervous disturbances, and more frequently than other conditions, constitute a neuropathic tendency."

We have not had an opportunity of reading this paper but it is stated that while there is no claim that ocular defects are the sole cause of neuroses, the view that such defects constitute an important element in the pathogeny of functional nervous troubles is strongly presented. At all events in the discussion of it there seemed to have been on the part of some of the members of the society pointed dissensions from some of the doctrines.

At this we are not surprised if Dr. Stevens reiterated some of the views expressed in the work above referred to before the members of the New York Neurological Society, amongst whom are many of our leading neurologists. Certainly no body of men in America is more competent to discuss these views, and, we think, to arrive at reliable conclusions concerning them.

Unfortunately in attempting to do this very thing there has been created considerable of a row between Dr. Stevens and the society, and, it would seem also on this account, somewhat strained relations between some of the other members of the society. The history of the affair as we have learned it, is briefly as follows:

During the discussion on Dr. Stevens' paper a member suggested that a committee be appointed from the society to examine all the cases which had been presented as illustrative examples, with a view of ascertaining the truth of the statements. Dr. Stevens objected, in that any inquiry for the purpose of determining the value of his proposition should start with cases studied before as well as during and after treatment. Although he afterward claims that he did not formally express a willingness to engage in such an inquiry in conjunction with a committee of the society, the latter, acting apparently on the above suggestion, appointed a committee, now referred to as the "Stevens Commission," consisting of Drs. Seguin, Birdsall, Webster, Moore, Starr, Foster and Dana. The duty of the commission was to select suitable cases for a trial of Dr. Stevens' methods.

After much wrangling on the part of both the com mission and Dr. Stevens, they succeeded in apparently agreeing on the condition under which cases should be examined, selected, treated, etc. They had not proceeded far, however, in the work, before the two parties to the invesgation were accusing each other of important deviations from the stipulations of the same (which, by the way, were certainly numerous and long enough to afford many opportunities for ambiguity, unless prepared with extraordinary care).

For two years or more the work of the commission has been going on in what seems to have been a very desultory manner, not, however, without frequent friction between these functionaries and Dr. Stevens.

Finally the commission decided to make a report, although the conditions of the investigion had not been carried out. For this fact, however, they hold Dr. Stevens wholly responsible. The report was made to the Neurological Society November 5, 1889. On this occasion Dr. Stevens entered the following formal protest:

"I respectfully protest against the reception of the report now announced, for the reasons: 1. The commission having failed to perform its part of the agreement upon which the report is to be founded,the report is not in order. 2. Because the report is not a report of the proposition at issue. 3. Because the report is inconsistent with the facts, and is misleading. 4. Because it is an ex-parte report, and objectionable in spirit and motive."

The commission's conclusions are based on the results of Dr. Stevens' methods in the treatment of fourteen cases under its observation. The report is a very long one, including histories of most of the cases, numerous tabular analyses, etc. Space permits to give no more than summary, as follows: "In view of these facts, your committee cannot but express the opinion that, so far as this investigation has warranted a conclusion, the method of Dr. Stevens does not afford a sufficient degree of relief to patients suffering from chorea and epilepsy to warrant its adoption or recommendation to the members of the Neurological Society, as a cure, or as the sole therapeutic measure. It will be noticed that none of the cases have been cured—all remained indefinitely under treatment, a perfect, permanent ocular equilibrium not having been secured in any case. If it is impossible to secure such an equilibrium, a cure is not to be expected, granting the theory of Dr. Stevens. If it is possible to secure such an equilibrium, it is to be supposed that it can be secured in at least a year (two years). Yet four of these cases have been under constant treatment for two and one-half years without this result.

There is, however, a third possibility which the commission desires to present to the society. And this is, that the insufficiency of the muscles may be merely one of the conditions in a class of diseases, in which the muscles are deeply involved, and one of which class epilepsy and chorea are examples, and that the tone of the ocular muscles may vary with that of the other muscles of the body in accordance with the general condition of the patient or the special strain, such as may occur in spasm. It is also possible that the tonicity of the ocular muscles is impaired by the long-continued use of the bromides. It may be admitted that great insufficiency of ocular muscles, like myopia or hypermetropia, should be corrected.

If this possibility be approved, it becomes evident that treatment directed to an effect of the malady and wholly without relation to the cause, will necessarily be unsatisfactory.

And this hypothesis will also explain the very unfavorable results in the patients submitted to treatment."

To this report Dr. Stevens made an extended reply, which was also read before the society. After an analysis, from his standpoint, of ten of the cases, which he claims were all that could, with any justice at all, be admitted as test cases, he makes the following charges:

"From the beginning the commission entered upon the work in a manner entirely inconsistent with the true spirit of inquiry.

It pursued it in a manner calculated to induce vexation, misunderstanding and controversy.

It occupied many months in securing a few cases and has never yet complied with its own stipulations.

It has, through more than two years, occupied itself with the selection of the most unfavorable cases for treatment, and has taken the favorable cases to itself.

The spirit of the report is calculated to produce prejudice and tends to mislead.

The report is now made in violation of every principle of right or fairness.

The results represented are not in conformity with the actual facts, but are grossly at variance with them."

To this reply are appended a number of letters from prominent and reputable gentlemen who had examined the cases at Dr. Stevens' request, wherein they severally declare that his results are very good, from which it would seem that these members of the society have different opinions from those of the commission.

The society adopted the report of the commission by a vote of five to four out of the eighteen members present, the commission not voting.

The following motion was unanimously carried:

"That the thanks of the society be extended to Dr. Stevens for the assiduous labor he has devoted to the work of the commission, and that the society assure Dr. Stevens that it highly appreciates the ingenuity and technical skill he has shown in the prosecution of his method."

[The data for the above account are obtained from the *Jour. of Nervous and Mental Diseases*, November, 1889. (Which was much behind hand in issuing).]

Boric Acid Poisoning.—Though boric acid is said to be harmless, several cases of poisoning are reported as resulting from its use in surgery, according to the *Times-Register*.

TRANSLATIONS.

BY F. NEUHOFF, M.D., ST. LOUIS.

Treatment of Influenza.

1. During the first two days some form of gastro enteritis is usually present; it is well to give simply diluent drinks and pieces of ice if the vomiting is very distressing.

II. During the second and third days, administer a purgative, consisting either of saline water, if the gastro-enteritis is intense, or of 15 to 20 grains of calomel if there is congestion of the liver. Repeat the purgatives, in smaller doses, if required, every second day during the following week.

III. Against the infectious state, it is advisable to give antiseptics internally, using either salol or, better, naphthol, in doses varying from 8 grains to 15 grains (best given in wafers).

IV. To relieve the violent neuralgic pains, so common in this malady, exalgine acts admirably, when taken in from 8 to 15 grain doses. It may be given in wafers or in solution if preferred. Although one or two doses will usually dissipate the pains, it is best to continue the medicine a day or two in order to prevent their return.

It must be noted that no more than antipyrin does exalgin have any influence over the painful weariness of the febrile period. It is, therefore, necessary to employ it only when we wish to combat the neuralgic pains of the head, arms and legs which occur most frequently in the second period of influenza.—*Nouveaux Remedes.*

Antisepsis of the Urinary Passages by the Administration of Salol.

By the good results which he obtained in many cases of gonorrhœa by the administration of salol, M. F. Dreyfous has laid the foundation of the antisepsis of the urinary passages by internal medication.

Salol (or salicylate of phenol) on coming in contact with the pancreatic juice in the small intestine, breaks up into carbolic acid and salicylic acid, both of which are eliminated through the urine, the latter unchanged, the former in shape of sulpho-carbolate of soda.

By the ingestion of salol, therefore, you obtain a flow of aseptic urine which washes the kidneys, the bladder and the urethra, and thus secures much better antisepsis of the urinary passages, the urethra included, than can be obtained by antiseptic injections.

Sahli has shown that the urine of individuals taking salol is antiseptic, and that salol is well borne even in large quantities. It has no toxic properties, since prior to its breaking up it is insoluble in the alimentary canal. It is neither an intestinal nor a general antiseptic, nor is it an antithermic. But it is a urinary antiseptic par excellence, occupying in urinary antisepsis a position analogous to the one held by naphthol in antisepsis of the intestines.

Dreyfous treated seven cases of gonorrhœa with salol, associated in some instances with the balsams. The dose of salol varied from 75 to 120 grs. in 24 hrs. The discharge was rapidly checked, and in one case of four days' standing, a cure was accomplished in three days.

The cases in which salol was given by myself prove that it has curative properties, though at times it may be advantageous to associate it with copaiba and cubebs in order to hasten a cure.

The therapeutic efficacy of salol must evidently be attributed to the fact that it renders the urine aseptic and probably antiseptic.

Its employment will, no doubt, be found of great service in surgical operations of the urinary tract, as it will render the urine aseptic and as a consequence innocuous to wounds of the urethra or bladder.

The question, which of the two products into which salol breaks up imparts to the urine its antiseptic properties, must for the present be answered in favor of salicylic acid. For the antiseptic properties of the latter are undoubted, while those of sulpho-carbolate of soda, which is the other product of decomposition, are as yet sub judice. It is, however, impossible, without affecting deleteriously the digestive organs and general condition of the patient, to administer salicylic acid in substance in such large amounts, as it passes the kidneys when salol is given in quantities which are perfectly well tolerated by the stomach. The explanation lies, in fact, that prior to its breaking up, salol is insoluble, and, therefore, unable to act on the stomach and general condition.—*Le Concours Medic.*

Caries of the Olecranon, Resection Followed by Union of the Apophysis.

The patient was a young girl, afflicted with a periarticular white swelling and caries of the olecranon. I operated after the manner of Burns. Having separated the olecranon from the rest of the ulna by the stroke of the saw, and having scraped away all the diseased portion of the bone, but taking care to leave a thin lamella on which the triceps is inserted, I finally fixed this lamella of the olecranon on to the rest of the ulna, in hope that bony union might reunite the two, thus securing a new insertion of the triceps. This is, moreover, exactly what occurred.

The patient got well after three dressings. The cure was complete and the functions of the joint not in the least impaired. The patient can flex and extend her arms perfectly, and can also execute the movements of pronation and supination.—M. Mosetig in *Le Bulletin Med.*

Diuretic Action of Glucose.

Dujardin-Beaumetz states that when water is directly introduced in large quantities into the veins of an ani-

mal, there does not occur diuresis which you would expect, but there is rather a tendency toward anuria. It is different, however, when a sweetened solution is injected. In the latter instance the urine will be considerably augmented in quantity, and will, moreover, contain sugar.

When you administer syrup of glucose by the stomach, you will not find a trace of sugar in the urine, unless the glucose is taken in enormous doses. But what you will find is great diuresis. In one case (of cardiac œdema) this diuresis amounted to 7 litres. The more albumen there is in the urine the less will be the diuresis. In order to prove that the augmentation of the quantity of urine observed in these cases was not due to the water employed as a vehicle for the glucose, Dujardin-Beaumetz first put his patient on milk diet and noted the effect on the urine. Then he administered the same amount of milk to which he added the glucose, and as an invariable sequence, noticed a considerable increase in the amount of urine passed.

Glucose is preferable to lactose as a diuretic, because the latter is first transformed into glucose and then into carbonic acid and water in its passage through the human body.

As to an explanation of the diuretic effect of sugars, none can be given except that sugars increase the osmosis of the serum of the blood through the walls of the ultimate ramifications of the renal blood vessels.—*Le Bulletin Med.*

Puncture in Intestinal Obstruction.

There are cases of intestinal obstruction, where medicines have been of no avail, and yet one hesitates to perform laparotomy either on account of the uncertainty of diagnosis, or because the patient refuses consent, or becauses the surgeon lacks the proper equipments, or because excessive meteorism would render careful search impossible. In these cases it is both advantageous and easy of performance to puncture the bowel with a small needle, in order to evacuate gas. The operation is devoid of danger and gives almost complete relief to the patient. No instruments are required, except a Dieulafoy's aspirator and an aseptic needle. This preliminary operation, by relieving the distention, may reveal an obscure abscess or tumor.

In one case I punctured six times in succession, each time withdrawing syringes full of gas and fluid. During the five succeeding days I repeated the operation twice daily without the slightest inconvenience.

Repeated puncture of the intestines has, in my hands, relieved a case of excessive meteorism following ovariotomy, and enabled the patient to get well without further treatment.

In one case of obstruction from doubtful cause, I resorted to puncture, and as a result the obstruction yielded. Some time later on, the patient died of cancer of the intestines. In this case certainly laparotomy would not have been as beneficial as the aspiration to which I resorted.

Aspiration of the intestine by a small needle is a comparatively harmless procedure which is not resorted to as often as it merits.—M. Demons, in *Jour. de Med. de Paris.*

Antipyrin and Thallin as Hæmostatics.

Experiments on animals having convinced me of the hæmostatic properties of antipyrin, when locally applied, I proceeded at once to use it in my clinic, with uniformly good results.

The first case which gave me an opportunity to test the drug was a severe hæmorrhage from a deep gash in the buttock of an infant. Perchloride of iron had been applied without the slightest effect. A concentrated solution of antipyrin, however, stopped the bleeding in less than five minutes.

Soon afterward I was called to see a boy, æt. 14 years, who was bleeding profusely from a wound on the forehead. Perchloride of iron, cold and compression had alike proved valueless. I immediately applied antipyrin in substance to the wound, and covered it with a compress held in place by a bandage. In a few minutes all bleeding ceased.

There next came to me a boy with severe epistaxis, to which he was frequently subject, and which always resisted any treatment that was applied. I placed in the nose a tampon saturated with a 5% solution of antipyrin, and the flow of blood ceased almost instantaneously.

A syphilitic infant with atrophic rhinitis offered the next opportunity. A traumatism had started profuse epistaxis, which astringents proved powerless to control. An injection of a 10% antipyrin solution, however, proved efficient in four minutes.

The above cases occurred in children, but I have found the drug equally efficient in adults. Among many other cases in which I applied it, and always with the greatest success, I will only mention two cases of severe hæmorrhage due to wounds in the palm of the hand. Again, I must not forget to speak of the good results which I got from the application to painful and bleeding ulcers of a salve composed of vaseline, containing 5% of antipyrin. Not only did the salve stop the bleeding, but it relieved the pain and seemed to favor cicatrization.

Also in checking hæmorrhage from minor surgical procedures, the topical use of antipyrin has done me great service.

Having of late experimented with thallin, I find that it has hæmostatic powers about equal to antipyrin; and I must say that both of the above drugs have proved themselves in my hands to be far superior in the treatment of severe hæmorrhage to both perchloride of iron and ergot. Besides being hæmostatic, antipyrin and thallin have antiseptic properties, which render their local use in wounds and ulcers peculiarly appropriate.

Thinking that perhaps phenacetine and antifebrin might also possess hæmostatic properties, I have conducted a series of experiments which have, however, convinced me that the drugs in question have no powers in this direction whatsoever.

Again, I find neither antipyrin nor thallin have any hæmostatic powers when taken internally, and possess, therefore, purely local powers. As an explanation of their power, I should say that it is probably due to their constrictive influence on the vessels and on their coagulative influence on the blood.—Dr. Moncorvo, in *Jour. de Med. de Paris.*

Vitality of Trichinæ.

When meats containing trichinæ have been subjected for any length of time to solutions of sea salt and saltpeter, the entozoa will still be alive, but their vitality will be of a lower grade, and they will be unable to withstand, even for a short time, a temperature but a few degrees below zero.

When encysted in fresh meats, on the other hand, trichinæ are not materially affected by a temperature 25° below the zero of Centigrade.—*La France Medicale.*

Conditions Governing the Presence of Microbes in the Urinary Apparatus.

The clinical and experimental observations of Prof. Guyon (*L'Union Medic.*) show that retention of urine favors the entrance of microbes into the urinary apparatus.

If cultures of pathogenic microbes are injected into the bladder of an animal they will have completely disappeared at the end of twenty-four or thirty-two hours; no change will be found to have taken place in the urinary organs on post-mortem examination.

If you cause retention of urine by ligating the penis, you will find after the lapse of twenty-four or thirty-six hours the kidneys congested and the ureters and bladder dilated, but will not find any microbes in these organs.

If, however, previous to the ligation of the penis, pathogenic microbes have been injected into the bladder, then you will find, on post-mortem, pronounced cystitis; occasionally also you will be able to establish the presence of microbes in the pelvis of the kidneys.

From the above observations, the following practical rule can be deducted: To prevent retention by timely catheterization, and to prevent infection by strict local antisepsis.—*Deut. Med. Zeit.*

Sugar in the Treatment of Wounds.

In the *Deut. Zeit. f. Chir.*, Dr. Danhausser gives the results obtained by the dressing of wounds with sugar, at the Strasbourg clinic. This dressing has been employed in many cases during the last five years, and the results have been exceedingly favorable. In wounds of a tubercular nature a mixture of iodoform and sugar (1 to 10) is applied. In all other cases sugar is employed pure, in powder form, and enclosed in a sack, the wound having been previously washed with a bichloride solution. Thus the continuous application of poisonous and irritating matter to the wound is avoided, for sugar is a perfectly innocuous substance. No rubber tissue is employed, in order that the wound secretions may evaporate, and not dissolve the sugar. The first dressing can be left on six or eight days.

When it is desirous to clear off and deodorize an unclean wound, then the sugar is dusted directly on the wound. Sugar is not antiseptic. It simply absorbs the secretions and prevents infection from without. The contact of the secretions with the sugar evolves lactic acid, and most bacteria can not flourish except in alkaline media. Dr. Danhausser cites many instances of the employment of the sugar dressing in amputations, resections, osteotomies, etc.—*Der Prakt Hezt—Med. Chir. Rund.*

About Chloroform Narcosis.

By the continual inhalation of frequently repeated small doses of chloroform, it is found that a perfect anæsthesia can be obtained with an incredably small amount of the anæsthetic. Three or four drops of chloroform are repeatedly poured on a compress which is held, uninterruptedly, close to the mouth and nose of the patient. There will be no feeling of suffocation, no period of excitement and no vomiting. It is essential to have perfect quiet about the patient. It is not advisable to have him speak or count, as this will only postpone the anæsthesia. Not more than two drachms of chloroform will be required to secure complete anæsthesia; and about an ounce and a half will suffice for an anæsthesia of two hours' duration. This method of anæsthetizing, besides being more pleasant, is also much less dangerous than the old method. The continuous use of small amounts of chloroform gives the system time to become accustomed to the drug, while the large amounts which are usually employed are apt to prove poisonous on account of their cumulative action.

It is important to use only absolutely pure chloroform, which is recognized by the fact that it is colorless, has a pleasant odor, and on evaporation leaves no smell of chlorine. It should be kept in blue, hermetically sealed bottles.—*Rev. de Chirurg.*

Relation of Local Pressure to the Body Temperature.

It has previously been noticed that even a partial removal of the exudation in pleurisy will cause a lowering of the fever. Of late the same observation has been made in a case of empyæma. The withdrawal of 900 ccm. caused the temperature to fall from 40.3° C. to 37.4° C. A subsequent increase in the exudation, and a consequent increase of intrathoracic pressure, resulted also in a rise of temperature. In opposition to the general impression that fever in empyæma is due to the ab-

sorption of pyogenic material, the author (Prof. Renzi in *Il Morgagni*) is inclined to attribute it to a nervous origin. He thinks that the unusual local pressure irritates the sensory nerves, and in a reflex manner produces increased chemical action and consequently increased production of heat. This theory is consistent with the experience of Dr. Mosso, who irritated the sensory nerves in decapitated and curarized animals, and noticed, as a result, an increase in the temperature. —*Deut Med. Zeit.*

Dietetic Treatment in Chronic Bright's Disease.

Whether the diet in chronic Bright's disease should be rich or poor in albumen is by no means a settled question. Senator recommends the total abstinence from eggs for patients afflicted with chronic Bright's disease.

To determine the influence of albuminous diet on the amount of albumen excreted by the kidneys, Prof. Schreiber has made a series of investigations. He found that a diet containing a large amount of raw eggs, associated with a diet already rich in nitrogenous material, did not cause albuminuria either in healthy persons or in persons predisposed to albuminuria. In healthy individuals, not even an exclusive egg diet, caused any albumen to be found in the urine. Neither does the above highly nitrogenous diet, whether the egg albumen employed be fluid or coagulated, cause any increase in the albumen in the urine of patients suffering with Bright's disease, but frequently has beneficial influence on the patient.

The author concludes, therefore, that a diet rich in nitrogenous material is not harmful for patients having chronic Bright's disease. Furthermore, that one may well prescribe egg, meat and other nitrogenous matter to be taken in combination with a mixed diet, as this will not cause a greater albuminuria and will, at the same time, act beneficially on the general health of the patient.

There is no reason why a one-sided diet should be preferred, as on the one hand there is danger of injury from the accumulation of effete material in the blood, and, on the other hand, such a diet will sooner or later prove injurious to any sick person. The diet for patients with chronic kidney disease must rest on a broad basis, for we must remember that there is in this disease a constant drain on the vitality of the patient. The diet should be regulated according to the peculiarity of each case. In a general way, vegetable diet is to be recommended, while alcoholic liquors and spices are to be eschewed as much as possible.—*Cent. f. die Gesammpt. Therap.*

We have received from the McArthur Hypophosphite Co. a pretty Calendar for 1890, which we are informed they publish and mail to physicians only. Any physician may obtain one by writing to them at 30 Hanover St., Boston, Mass.

ABSTRACTS.

GYNÆCOLOGY.

BY F. D. MOONEY, M.D., ST. LOUIS.

Inflammation of the Breast.

Dr. Andrew Horn (*Brit. Med. Jour.*) says that inflammation of the breast is always the result of infectious material gaining entrance through fissures and cracks of the nipple, and too much attention can not be paid by the physician when such a condition exists in the nursing mother. The treatment he advises is to paint the breast with a 5% solution of oleate of mercury and morphia, then envelop it in a layer of absorbent cotton and make equable and gradual pressure by means of an elastic web 5 yards long and 3 inches wide. Elastic plasters are difficult to put on so as to get even pressure and are likely to produce eczematous eruptions on delicate skins.

Elastic web does not cause the uncomfortable heat which is produced by Martin's bandage.

Hæmorrhoids.

Dr. A. L. Smith (*Can. Med. Record*) says: "I have come to consider hæmorrhoids in most cases as synonymous with gross neglect to keep the bowels regular every day. It is simply astonishing to see how ignorant women are of the importance of avoiding constipation.

"This is the first question I ask every woman who comes to my office and I insist upon a truthful answer. Over and over again they have told me that their bowels were regular but on being pressed closely they admitted that they were regular once a fortnight.

"Think of undertaking to reduce passive congestion of the uterus when a fourteeen-day-old brick is blocking the venous circulation.

"In seven out of ten cases when we cure the constipation we shall have removed the pelvic pain which brings the woman to us."

Acute Pelvic Peritonitis.

Dr. Jacobus (*Ind. Med. Jour.*) recommends the following treatment for the first stage of acute pelvic peritonitis, viz.: Saline cathartics, blister over the locality of the most intense pain and give methozin in 5 to 10 gr. doses every three or four hours. Methozin relieves the pain as well as morphia and seems to have some specific effect upon the inflammatory process and will frequently abort it.

Tubal Pregnancy.

Tait (*Lancet*) reports the forty-fifth case of tubal pregnancy operated upon by him. Patient was seen on

August 19, by Dr. Thos. Nelson. Married, æt. 26 years. Complained of sudden access of pain and discomfort in the lower abdomen. She rapidly grew worse and when seen in the morning was in a condition of collapse, acute anæmia and all the symptoms of internal abdominal hæmorrhage.

He was enabled to get a clue to the trouble by the fact that she had gone two weeks over her time of expected menstruation.

At the time of the operation the condition of the patient was desperate. She was pulseless and seemed almost dying. Anæsthetized, abdomen opened and, regardless of blood and blood clots, which escaped in large quantity, the fundus of the uterus was sought and the tubes examined and in a moment the discovery made that tubal pregnancy existed and that the right Fallopian tube had ruptured.

A ligature was passed swiftly into the base of the broad ligament, tied and the tube and ovary removed. More leisurely the abdomen was cleansed of blood clots, many pounds being removed from all parts of the abdomen.

Abdominal wound closed and drainage tube left in. At 5 P. M., day of the operation, temperature was 36°. No pulse except slight flickering at the root of the neck on deep pressure. Pupils widely dilated, no response to light—the only appearance of life being slight movement of nasal cartilages and the diaphragm. No pulse could be felt at wrist for 36 hours and it was 48 hours before it could be counted when it was 140.

Patient improved and on evening of August 24 passed decided decidual membrane. Made good recovery. Rent was not more than ¼ inch in extent and the fœtus not more than four weeks old.

Treatment of Chronic Endometritis.

M. Pollailore (Paris Correspondent *Medical Press*) suggests chloride of zinc pencils for the treatment of chronic endometritis. A cardinal point is the finding of the proper dimensions. They should never be more than ¼ inch in diameter. The action is rapid and in from four to twelve days the eschar comes away. The pain is slight and no febrile reaction has been observed. Patient is ordered to keep in bed for 3 or 4 days, to lie on sofa for 5 or 6 days, or until slough comes away. At end of three weeks the patient is generally well. Of 40 cases so treated 38 are reported as cured. The indications for such treatment are chronic endometritis with purulent discharge, infectious or hæmorrhagic endometritis and uterine hæmorrhages, except those provoked by confinement or large tumors.

Creolin in Cystitis of Females.

Dr. Parvin (*Medical News*) recommends the use of creolin in cystitis of females. A mixture of creolin in water is used in the strength of 1½ to 2% and the bladder thoroughly washed out. The apparatus used is Hegar's funnel. In one case the irrigation was followed by severe pain which lasted several hours—probably due to the deposit of the drug upon the sensitive mucous membrane.

He advises the use of ½ per cent mixture first and that the strength be gradually increased.

It would be advisable to find some means of rendering the creolin completely soluble without lessening its antiseptic qualities.

Tricks of Opticians.—Among the numerous tricks resorted to by opticians to increase their sale of spectacles, is that of painting radiating lines in the form of a wheel on the sides of buildings, stating that if one eye is covered with a handkerchief the lines should be seen clearly and distinctly with the other eye; but if they cannot all be seen alike, the eye is astigmatic. As these tests are all placed some distance from the sidewalk, and must be seen at an angle, some of the lines of course appear more distinct than others to all persons with normal eyes. The same thing is true of astigmatic cards placed at some obtuse angle in the windows of jewelers' and opticians' shops.

But the most ingenious trick of them all has been resorted to by an enterprising optician of this city, who has had printed, for general distribution, a large astigmatic chart consisting of radiating lines on one side, and on the other some test letters purporting to be Snellen's $^{20}/_{20}$, which should be seen by the normal eye at twenty feet; but in reality is equivalent to Snellen's $^{20}/_{30}$, which should be seen at thirty feet. Among a lot of nonsense, as to the Greek origin of the word astigmatism and rules for fitting glasses, occurs this remarkable sentence: "If he cannot read the letters at twenty feet he is myopic and requires a concave glass; if he can read them at a greater distance than twenty feet, he is hyperopic and should have a convex glass." Thus it will be seen that, according to this test, no one can have normal eyes. He must be either near-sighted or far-sighted. It has been a question in our minds whether the author is so ignorant of the first principles of optics as to think that a far-sighted eye can really see farther than a normal eye, or whether he is shrewd enough to take advantage of this expression, "far-sighted," which is really a misnomer, to swindle an ignorant public.—*Cleveland Medical Gazette.*

A Food For Infants.—In the summer diarrhœal troubles of infants, where milk in any form disagrees and vomiting is easily provoked, Jacobi says that a mixture which has rendered him valuable services is about as follows: Five ounces of barley-water, the white of one egg, from one to two teaspoonfuls of brandy or whisky, some salt and sugar; a teaspoonful every five, ten or fifteen minutes, according to circumstances. Mutton broth may be added to the above mixture, or may be given by itself, with the white of an egg and some salt.—*Archives of Pediatrics.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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SATURDAY, FEBRUARY 22, 1890.

THE EVOLUTION OF THE LOCAL VENEREAL DISEASES.

The reply of Dr. Lydston (see page 141, this number) does not answer the argument we made—for the maintenance of the distinction between the two diseases, gonorrhœa and chancroid. As remarked at the time of the discussion before the McDowell Medical Society we freely admitted the evolution theory so far as it related to the metamorphosis of innocent into virulent germs. There are all degrees of severity of small-pox, of scarlatina or almost any other disease, and it is probable that one of the important factors that determine these varying degrees of severity is the temper, so to speak, or the character, of the infecting agent in each particular case of the disease, influenced and modified by the soil, surroundings, etc. But, as remarked before, this does not prove, or even indicate that gonorrhœa may be metamorphosed into chancroid, or vice versa, any more than it indicates that from small pox may be developed typhoid fever, diphtheria, etc.

To show that we have not misconstrued Dr. Lydston's remarks in this respect, we quote literally from him.

"I believe, with Bumstead and Taylor, that chancroid and gonorrhœa are more or less related. * * * A chancroid in the urethra will produce urethritis in addition. If we take gonorrhœal virus and inoculate it upon a healthy and cleanly surface, an irritation is set up. If we transfer it to a cachectic individual, we are apt to have more or less suppurative inflammation, and perhaps sloughing. If we transfer from this latter individual and inoculate upon the external organs of the female, we may have developed a typical chancroid. Thus we may have all grades of inflammation and ulceration beginning with the simple herpetic ulceration, or gonorrhœal inflammation, and culminating in severe chancroid, the latter varying with the systemic and local conditions involved."[1]

We do Dr. Lydston the justice to state that our answer was based mainly on his article in the *Med. Age*, as remarked in our introductory paragraph. Nevertheless that article dwelt at considerable length on the evolutionary aspect of the subject, and presented the views as alluded to, and as quoted above.

As to the question of whether syphilis was or was not known in the Biblical days, that was referred to incidentally and cuts no particular figure. It is debatable ground, however, and never has been decided positively in favor of either side of the controversy. The description of the disease in Japanese writings we have not read (although we have heard of them),and cannot therefore give an opinion as to their accuracy.Descriptions of such diseases recorded by our own ancestral historians are certainly unworthy of the reliance reposed on them by some who claim to believe that they point clearly to this or that disease. They are, as a general thing, indefinite,and may refer to any one of several different affections.

ARTIFICIAL RESPIRATION IN OPIUM NARCOSIS.

Probably all who have ever treated cases of opium poisoning where artificial respiration became necessary have felt that the methods now in use for the production of artificial respiration do not fully answer the purpose and leave a great deal to be desired. The "Sylvester" and the "Marshall Hall" methods are probably the most commonly used, and answer the purpose very well when needed for short spaces of time only, but when needed for a number of hours, as is frequently the case, they prove inadequate to the demands of the occasion, chiefly from the fact that it is difficult to obtain sufficient relays of intelligent and conscientious assistants to carry out the treatment properly, not to speak of the danger to the lungs from the prolonged and violent massage to which they have been subjected, in case the patient should happily recover from the immediate effects of the poison.

As to artificial respiration by the battery, not all physicians are in possession of this useful instrument, to their discredit be it said,and where they do possess a battery they find that it has a most perverse propensity for getting out of order when most needed. Respiration induced by electric shocks is usually of a gasping, imperfect character, the exchange of gases being necessarily very unsatisfactory.

An article in the *Med. Rec.* by C. R. Vanderburg, M. D., is noteworthy from the fact that it brings to light a fresh device for forcing respiration which appears to be full of promise. The principle of this device, the credit for which is due to Dr. George E. Fell, of Buffalo, is in the forcing of air into the lungs, thus differing from

[1]Gonorrhœa, Med. Age, Oct. 10, 1889.

the other methods, which depend for their effectiveness upon the elasticity and resiliency of the chest walls, lungs, and diaphragm, they quickly springing back after being displaced. It is true that at different times various devices have been used for forcing air into the lungs, but the essential difference between them and the present method is in the results attained by the latter. In the three cases reported by Dr. Vanderburg, the only chances he has had to use the device, and all of which resulted in recovery, the use of the instrument described by him was necessary for from two to three hours, one of the patients being a child, æt. 22 months, who had taken one and one-fourth grains of morphine. The only untoward result was partial deafness in one case, lasting for ten days, and possibly due to a rupture of the tympanum.

To quote from Dr. Vanderburg: "The device, which I have named 'The Automatic Respirator,' consists, without going into detail, of a heavy flexible rubber cup, fitting over mouth, nose and chin, and retained either by hand or straps about the head; sometimes I secure it one way, at other times the other. In this cup is a brass tube which connects with a bellows by a rubber tube about five feet long. Inside the brass tube are two valves, which are so constructed that they automatically control the inhaled and exhaled air, one directing the inhaled air from the bellows into the lungs, the other giving exit to exhaled air to the outside through the walls of the cup. All the operator must do is to work the bellows at the rate he wishes respiration to be forced; the respirator does the rest. When this device is used we have air forced into the lungs; it is then expired as in natural respiration, as soon as the pressure on the bellows is removed, from the resiliency of the chest-walls, lungs, and diaphragm, as in natural respiration. It resembles natural respiration in that expiration is a passive act.

The cup for adults fits any adult face (one is also made for children), and is rendered so nearly air-tight by a slight pressure that the lungs can be filled through it perfectly.

It has been argued that no form of bellows should be used, as the lung tissue might be ruptured. I think this can be thrown out of medical literature forever. If air can be forced for twenty hours, or over, without causing any lung trouble whatever; if it can be used as Dr. Fell has used it, with tracheotomy in addition, allowing more or less blood to get into the lungs, without any lung complications following, the danger cannot be very great. Lung-tissue is strong. I have repeatedly tried to rupture the lungs of a common fowl by placing a blowpipe in the trachea, with the chest laid open, giving the lungs no support. It has been impossible for me to do it. Consider the pressure the cornet player uses to force a high note on that instrument without any damage to the lungs, and we see it is made of strong material. Again, a given pressure in the trachea is manifoldly decreased in the air-cells, owing to the expansion of the lung-tissue, and consequent distribution of pressure. The objection to the bellows, rightly used, is too trivial to be taken into consideration.

We increase the pressure of the air in the lungs, at each inspiration; but this pressure is not great enough to rupture a lung, or even interfere materially with the pulmonary circulation. I have not as yet measured the pressure required to fill the lungs, but would say that it never would reach two atmospheres. We are told that more oxygen is absorbed and carbonic acid given off under slight pressures over one atmosphere; if this be the case, we have just this condition in forced respiration. We, no doubt, could do damage by forcing the lungs beyond their vital capacity, and keeping the pressure up, thereby crowding out the pulmonary circulation; but it is not to be supposed that the bellows, even in the most ignorant hands, would be used in this manner. The movement of the chest-wall is a guide to the amount of air which should be given; respirations can be forced from fifteen to eighteen or twenty times per minute in the adult.

The bellows, as I have it constructed, is arranged so that it can be adjusted with a screw to force only a given amount of air; this adjustment is made by the physician in charge, and should depend upon the size of the lungs, and the consequent amount of air needed to produce a good respiration; this is done so that any layman can perform the services of "pumping" as well as the physician. As it is automatic one alone can use it."

This appliance could no doubt be used to advantage in any case where artificial respiration is necessary, and as Dr. Vanderburg suggests, one of small size would be of especial service in resuscitating asphyxiated new-born infants, thereby doing away with mouth-to-mouth inhalation, or artificial respiration in other forms.

The Mental and Physical Effects of Removal of the Uterus and Ovaries.

Dr. Glaevecke, of Kiel, in a very interesting paper published in the *Arch. f. Gyn.*,[1] gives the results of his observations on the mental and physical changes following the removal of the ovaries in forty-four cases, and of thirteen cases of extirpation of the uterus.

In the first class of cases he comes to the same conclusion as Hegar, that the removal of the ovaries brings about a condition similar to the natural menopause. In 88% of the cases menstruation ceased either at once or very soon after, while in the remaining 12% it became more infrequent and scanty. In four of the latter cases it is either certain or very probable that remnants of the ovary were allowed to remain, and in the fifth case a small exudate in the parametrium must be accepted as the cause for the persistence of the menstrual flow. The cessation of the menstrual flow after castration is easily understood if we accept the theory that the impulse to menstruation always comes from the ovary, for

[1]Med. Chir. Rundsch.

in these cases the nervous irritation caused by the growth of the follicle is wanting, and consequently also the impulse to menstruation. In but two cases was there any vicarious hæmorrhage (from the nose, sometimes the stomach), but in almost all there occurred regularly a series of symptoms which must be regarded as connected with the menstrual function. These consisted in lumbar and abdominal pains, headache, vertigo, fainting, etc. In two women there was a periodical, papular exanthem on the flexor surfaces of the extremities. Symptoms of this sort were present for from a few months to several years. There was atrophy of the vagina, frequently after a preceding stage of hyperæmia. The uterus grew smaller, just as after the menopause. If myomas were present they atrophied either rapidly or gradually; if the former was the case, the atrophy followed immediately after the operation. The women with fibroids were only freed from the most prominent symptom, the hæmorrhages, but so far as appearances went they were actually cured. The general condition of the patients always improved after the operation, and 42% of them showed more or less of a gain in flesh. Sexual desire was always diminished and often wholly extinguished. Almost every case manifested a depression of spirits, in a few instances amounting to actual melancholia.

The effects of total removal of the uterus were much less severe, if a total of thirteen cases of extirpation of the uterus can be considered to afford any basis for comparison. In these latter cases vicarious hæmorrhages were never observed, and immediately after the operation there were almost regular menstrual molimina. There were unpleasant symptoms in the intermenstrual intervals in only a few instances, possibly because of some injury to the ovaries during the operation, or necrosis following it. The ovaries diminished in size, but the other genital organs were unchanged. Sexual desire was as a rule uninfluenced by the operation.

It is noteworthy that in almost a third of the cases there was marked mental depression, which in a few instances developed into psychoses.

The Dark Side of Pyrodine.

Scarcely a month passes that some new drug is not offered to the medical profession by European manufacturing pharmacists, and, as a rule, at exorbitant prices. The list of antipyretics and hypnotics is constantly being swelled by new accessions of this sort, whose advent is usually heralded by fulsome guarantees of marvelous efficacy and utter harmlessness and this often over the names of men whose eminence in the profession should render them more conservative. While many of the drugs referred to are of undoubted value and possess qualities which would render us extremely unwilling to do without them, it cannot be gainsaid that they all have their disadvantages, some greater, others less. Among the number is the so-called pyrodine, a drug which, while it is conceded to have antipyretic properties of the highest order, possesses certain other qualities which should contraindicate its use under any circumstances whatsoever.

At a meeting of the *Verein fur Innere Medizin*, of Berlin,[1] Dr. Renvers gave some facts about this drug, otherwise known as acetyl-phenyl-hydracin, which are of great interest in view of the attempts being made to bring it into general use. Pyrodine has certain toxic effects in addition to its antipyretic action which demand that its administration be carefully guarded, when given at all. Renvers experimented with it for some time with reference to its antipyretic properties, in fever patients as well as in those with normal temperatures, but he soon came to the conviction that its toxic effects overshadowed all others, and of this he notified the manufacturers at the time.

Since then, however, renewed attempts have been made to introduce the same drug under various names, such as hydracetin, etc., and on account of this Renvers felt impelled to give his results in detail. The fault was not in the preparation of the drug, nor due to any foreign admixture, but lay rather in the inherent properties of the drug itself. The substance is a derivative of benzol, and comes in the form of a white crystalline powder, odorless and almost tasteless, which is easily taken by patients. In doses of one and one-half grains daily, the temperature is rapidly reduced, often by several degrees in half an hour, and reaching its maximum, 5°, in two hours, this reduction lasting twenty-four to thirty-six hours. In a case of typhoid fever Renvers brought the temperature from 41°C. to 35.5°C with one dose of one and one-half grains, and this subnormal temperature lasted thirty-six hours, and then began to rise slowly. The same antithermic powers were manifested in phthisis, scarlatina and erysipelas, and failed in two cases only. The action upon the pulse is at first favorable; free diuresis takes place in ten hours, the urine being the color of burgundy, and after six grain doses it often has a deep-red color and contains large quantities of bilirubin. No blood was found in the urine, but often there were small quantities of albumen, which soon disappeared.

In addition to this favorable action it causes even in comparatively small doses a feeling of weakness and rapidly increasing emaciation which lasts for days and weeks after the discontinuance of the drug, and may be the cause of great concern. There was also much jaundice, lasting for weeks in cases where eight or ten grains had been given in the course of several days. In a case of articular rheumatism the hæmoglobin of the red corpuscles constituted 95%; and there were over 4,000,000 of the latter to the cubic millimeter; on the fourth day after a four and one half grain dose of pyrodine, the percentage of hæmoglobin was lowered to 45%, and the number of red corpuscles to 2,500,000,

[1]Deutsch. Med. Zeit.

and by the seventh day the amount of hæmoglobin was reduced to 35%. At the same time the microscope showed a great destruction of the corpuscles, with here and there slight evidences of attempts at regeneration. This lasted for two weeks, and then the blood gradually regained its former condition. These effects were present in all of the twenty-one patients on whom the drug was used.

A drug which calls forth such symptoms in doses barely sufficient to evidence its antipyretic powers is decidedly dangerous, and as it has no other properties which entitle it to recognition it should be justly stricken from the list.

MEDICAL ITEMS.

Missouri Valley Medical Society.—This society will hold its next regular meeting at St. Joseph, Mo., March 20, 1890.

The Olfactometer.—This instrument, for the purpose of measuring the acuity of the sense of smell, has been devised, and is described in the *Revue Scientifique.*

Exempting Doctors from Taxation.—A bill exempting physicians from personal taxation is before the Legislature of Mississippi. It meets with much opposition on the ground of class legislation.

Illuminating Gas Poisoning.—Another successful case of treatment of poisoning from the inhalation of illuminating gas by nitro-glycerin is reported. One-fiftieth of a grain was injected hypodermically, the effect being almost instantaneously perceptible.

Femoral Hernia of the Vermiform Appendix.—Dr. Keetley reports such a case in the *Med. Press and Circular.* Symptoms of strangulation were marked, and yet the bowels were moved by medicaments. An operation afforded relief.

Woman's Obstinacy.—In a book entitled "New Views of the Process of Defecation," by Dr. O'Beirne, of Dublin, a case is cited of a girl, æt. 19 years, who had not a stool of any kind, or passed even flatus per anum since early in the preceding December, a period of nearly six months.

Prof. Billroth in a Business Transaction.—An exchange notes the manner in which a thrifty member of a class noted for its thrift got ahead of Prof. Billroth. It seems that he stipulated to perform an operation on a Russian Jew, in a small town, for 5,000 marks. On making the journey he was informed that the Jew was dead, but to render him some equivalent for his loss, an offer was made him to treat five hospital patients at 1,000 marks each. He accepted the offer, and before starting homeward learned that one of the patients whom he had just treated was the supposed dead man, who had received the professor's services for one-fifth of the original fee.

An American Physician Takes a Prize in Belgium.—Dr. H. A. Hare, of Philadelphia, who, it will be remembered, in conjunction with Dr. Martin, took two prizes last summer, has distinguished himself again by being awarded a prize of 4,000 francs by the Royal Academy of Medicine of Belguim, for an essay on epilepsy. We should all feel a national pride in Dr. Hare.

Women Doctors in Germany.—An association of German ladies, at a meeting a short time ago, passed a resolution agreeing to a petition being presented to the divers German governments, praying for permission to be granted to women to study medicine. The petition so far has been flatly refused by Prussia, Wurtemberg, Saxony and the Duchies of Hesse-Darmstadt and Saxe-Weimar.

A Large Ovarian Tumor.—Dr. Chas. K. Bridden reports in the *N. Y. Med. Jour.* a case of ovarian tumor of unusual size on which he operated, but the patient succumbed eleven hours afterward. The cyst was multilocular, weighing 149 pounds. The abdomen measured five feet four inches in its largest circumference, twenty inches from the umbilicus to the ensiform appendix, eighteen inches from the symphysis pubis to the umbilicus, on the right side twenty-three inches, and on the left side twenty-four inches from the anterior superior spine of the ilium to the umbilicus.

A Simple and Effective Treatment of Scabies.—Dr. Sam'l. Sherwell, of Brooklyn (*N. Y. Med. Jour.*), says that the sites of efflorescence are, in the male, on the skin of the penis, usually on the dorsum, from handling during micturition; in the female, on the areola and nipple, from the oft-repeated manipulation in the act of dressing, etc. He advocates rubbing of the parts with flowers of sulphur and the dusting of the bedclothes and underwear with the same powder. He also recommends dusting this preparation in the beds, bunks of logging camps, steerages of ships, etc., as a prophylactic measure.

A Muscular Editor.—A few weeks ago Dr. Culbertson, the active and muscular editor of the Cincinnati *Lancet Clinic*, made a partial return of the courtesies which lawyers extend to the medical profession whenever a physician is put on the witness stand. The legal firm of Burch & Johnston, of Cincinnati, are the active promoters of a palpably unjust suit for malpractice against the wellknown Dr. Palmer of that city, and Dr. Culbertson denounced the attorneys' conduct in a scathing editorial as a villainous attempt at blackmail. A day or two after the article appeared Burch and Johnston called on the doctor with horsewhips, and be-

gan beating him. Five minutes later both attorneys were flying out of doors with black eyes, bleeding noses, bruised heads, and in a generally demoralized condition. Later they were arrested and fined for assault and battery. The power of the press is mighty indeed.

Dr. J. W. Jackson.—We deplore the serious illness of Dr. J. W. Jackson, Chief Surgeon of the Wabash railroad, and President of the Railway Surgeons' Association of the United States. Dr. Jackson, a few weeks ago suffered severely from blood-poisoning, contracted while making an autopsy; he apparently recovered from this attack and returned to his business, but embolic pneumonia supervened a few days ago, and has proved so serious that his recovery is now said to be doubtful.

To Tell the Approach of Death.—Dr. Chiappoli states that he has frequently noticed in patients, apparently very far from death, an extraordinary opening of the eyelids, so much so as to give the eyes the appearance of protruding from their orbits, which he considers an invariable sign that death will occur within 24 hours. In some cases, when only one eye is wide open while the other remains normal, death will not follow quite so rapidly, but will take place inside of 72 hours, there not being the slightest chance for recovery after these symptoms set in, however remote final dissolution may seem to be. Chiappoli says he is utterly at a loss for an explanation of this death symptom, but ascribes it to a diseased state of the sympathetic nerve. —*Republic.*

How to Breathe.—The following heretofore unheard of information in regard to the breath and breathing was made public in Kentucky recently by a schoolboy of twelve years, who wrote an essay on the subject:

"We breathe with our lungs, our lights, our kidneys and our liver. If it wasn't for our breath we would die when we slept. Our breath keeps the life a-going through our nose when we are asleep. Boys who stay in a room all day should not breathe. They should wait until they get out in the fresh air. Boys in a room make bad air called carbonicide. Carbonicide is as poison as mad dogs. A lot of soldiers were once in a black hole in Calcutta, and carbonicide got in there and killed them. Girls sometimes ruin the breath with corsets that squeeze the diagram. A big diagram is the best for the right kind of breathing."—*Med. Classics.*

Reforms in Medical Schools.—A telegram from Baltimore, Md., February 7, says: "The medical colleges and schools of Maryland, in conference here today, issued an appeal to the medical colleges of the United States, asking them to send delegates to the approaching convention of the American Medical Association at Nashville, Tenn., with a view of effecting a reform in the methods of medical institutions in vogue in this country. The following subjects are considered as most likely to come up for discussion: 1. Three years' course of six months' session. 2. Graded curriculum. 3. Written or oral examinations. 4. Preliminary examination in English. 5. Laboratory instructions in chemistry, histology and pathology. There are two schools in Baltimore—the Maryland University and the Johns Hopkins Hospital—that have already adopted the three years' course, but their assistance was asked movement and it was promptly given."

SOCIETY PROCEEDINGS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Dr. C. P. Noble.—I wish to speak of some points in the technique of vaginal hysterectomy. I removed the uterus for epithelioma of the cervix by vaginal hysterectomy last Saturday for the first time. I clamped one side and cut the uterus away. There were some vessels which began to bleed after the clanp was applied. I tied off the opposite side in the usual manner. Examining the clamp on the left side I found that it was not holding nicely and feared to trust to it. There was considerable oozing. After consultation with Dr. Kelly, I concluded that it would be better to remove the clamp and ligate the vessels on that side, the large ones separately and the remainder by a quilted suture running fore and aft through the broad ligament. This was difficult and required considerable time. The patient has, however, done nicely.

It seems to me that this operation could be simplified. Like many other operations, vaginal hysterectomy is in the beginning more or less exploratory. After separating the vagina with the fingers in connection with the connective tissue surrounding the uterus, one can form a better idea whether or not the glands are involved. It seems to me that instead of following the usual procedure, it would be better to ligate off to the neighborhood of the internal os, first on one side and then on the other, and explore the base of the broad ligaments on each side. If we want to use the clamp, we shall not have to include so much tissue, and the operation would be simplified. Should the broad ligaments be found infiltrated, the operation, done after this technique, could easily be completed as a high amputation of the cervix.

Dr. Barton C. Hirst.—I saw Winckle, in Munich, do an operation of this sort in a way which I think would, in some cases, simplify the procedure and prevent serious hæmorrhage. He passed the curved needle around the uterine artery on each side, and then separated the uterus from its vaginal attachments. He next split the uterus in two, and removed each half separately.

Dr. M. Price.—In Dr. Miller's case, the woman had prepared herself for death, and made all the arrangements for her funeral. That is a strong argument against operation.

Dr. J. Price.—I witnessed the operation in Dr. Mil-

ler's case. As far as the operation was concerned every detail was perfect. Possibly drainage would have prolonged her life. There were some bowel adhesions on the left side. The presence of a few drachms of serous liquid is, I think, sufficient to explain the death on the fourth day.

Dr. John S. Miller.—We did have drainage in this case, and the wound was in a perfectly aseptic condition. I am satisfied that the serum found was due to post-mortem changes. The pelvic cavity was thoroughly drained. The adhesions referred to were very slight and readily broken with a sponge. The patient was four years older than she claimed to be. This may have had something to do with the result.

Dr. E. E. Montgomery.—In reference to the results of these operations, I would state that I have performed four operations of this character. Three of these patients are living. The first operation was done in October a year ago. I had the opportunity of examining this case in the latter part of August of the present year, and there were no signs of a return of the disease. The fatal case did well until the eighth day, when tetanus set in, proving fatal on the fourteenth day.

In one of the French journals of the present year will be found reported four hundred and ninety-five cases of vaginal hysterectomy by Maurice Hache, and he compares the results with those obtained by other operations. His results have been better than those obtained by the high amputation of the cervix, as recommended by Baker. He counts no case a cure that has not lived over two years. Twenty-six per cent. of his cures have lived this long. After amputation of the cervix, only 25% had lived this long. Under the older methods, the danger of the operation was much greater than at present. The duration of the old operation was from one and a half to three-fourths of an hour. Under present methods the operation can, in favorable cases, be completed in fifteen to thirty minutes.

Munchmeyer has reported a number of cases, an account of which appeared in the *Med. News* of last September. He operated in eighty cases, with only four deaths. In the cases reported by Maurice Hache one case was living at the end of fifteen years.

Considering the difficulty of determing whether or not the interior of the uterus is involved, and the experience of general surgeons that in cancer of the breast the axillary glands should be removed, it seems to me that where the uterus is the seat of malignant disease, its complete removal is the preferable operation, and offers the greatest certainty of eradicating the disease. It is true that we cannot follow the disease into the pelvic glands, as we do into the axillary, but we can determine whether or not the disease has passed into the broad ligaments. Where the disease involves the broad ligament and the vagina, I should say that extirpation was not justifiable.

I am glad that Dr. Massey is experimenting with electricity in these cases. Cancer of the uterus is a disease of such grave character that we should certainly encourage every investigator to discover methods for its eradication, its relief, or palliation.

I cannot see why there should be any hæmorrhage with the use of the clamp. If properly applied, the clamp closes all the vessels, and there can be no bleeding.

Dr. Noble.—Operation for the restoration of the sphincter ani in certain cases of laceration of the perineum.

A not uncommon result of operations for the restoration of the perineum, when that structure is torn completely through into the rectum, is that the operation is a failure, in so far that the torn ends of the sphincter ani fail to unite. The most important end sought is not obtained, and must be brought about by a subsequent operation.

The method heretofore employed, so far as I am aware, has been to denude more or less of the rectal and cutaneous surfaces of the perineum, special attention being paid to freshening the torn borders of the rectum and the ends of the sphincter-ani muscle, and then to unite the tissues as in the original operation.

On October 13, I saw, in consultation with my friend, Dr. J. N. Boyd, Mrs., F. æt. 23 years, who had given birth to a child about nine months before. The labor was difficult, and was terminated by the use of forceps. The woman sustained a laceration of the perineum, extending into the bowel. This was sutured the following day by her attendant. Union resulted, with the exception of the torn ends of the sphincter-ani muscle. It occurred to me that the principles of the flap-splitting operation could be easily applied to this condition, and on my recommendation it was done by Mr. Boyd. A transverse incision was made close to the rectal border of the perineum, extending half an inch up the bowel. A lateral incision was made in a backward and outward direction, from each end of the first incision, to lay bare the severed and retracted ends of the sphincter ani. The lateral incisions were extended up the bowel as far as the upper border of the sphincter muscle. The loose flap thus formed within the lateral incisions and beneath the transverse incision was to be turned into the lumen of the bowel.(The flap was accidentally torn in the middle line, necessitating three rectal sutures.) The flap being turned into the bowel with tenacula, and the ends of the sphincter brought forward with bullet forceps, sutures were introduced after the usual manner. Special care was taken to introduce the sutures sufficiently far back to catch the sphincter muscle, after the manner of Emmet. Silkworm gut and silk was used. The result was a perfect cure.

The method was so simple and satisfactory to Dr. Boyd and myself, and the result obtained so perfect, that I concluded to report it to the society.

Dr. Wm. Goodell gave the following history of a case of burst purulent appendages:

M. D., æt. 29 years, single, had an attack of scarlet fever in childood, since which she has never been well. Having pelvic and ovarian pains early last year, she was

treated by an excellent physician with electricity to ovaries and glycerine tampons to vagina. On June 17, 1888, two days after such a treatment, she had a very severe attack of "general peritonitis," which her physician referred to a burst cyst. She was six weeks in bed, and had a narrow escape from death. After this her sufferings were much greater, and she was sent to me. Finding that she was too sore to be satisfactorily examined without ether, I anæsthetized her on October 9, 1889. The womb was found absolutely fixed, and an irregular tumor to one side of it suddenly collapsed under the bimanual pressure. For two days she had high temperature, rapid pulse, and abdominal pain. October 9, I operated on her before the ward class. On opening the thickened peritoneum a large amount of grumous and dirty fluid escaped. It came from the collapsed right ovary. Both tubes and the remaining ovary were filled with the same grumous fluid. They were desperately adherent, had fairly to be dug out; during their removal each one burst, adding its quota to the amount of foreign fluid in abdominal cavity. The womb being adherent to the right side of the pelvis, was released by slow peeling off of its coat of false membrane. Four large jugs of water were needed to cleanse the peritoneal cavity, and a drainage tube was put in. The patient recovered promptly.

Dr. J. Price.—I have to present, first, an interesting fresh specimen, a large pus-tube and abscess of the ovary, right side. The husband is now under treatment for gonorrhœa. The abscess of the ovary has completely disorganized the glands. This is a very common result in abscess of the ovary. In some old pelvic abscesses it is impossible to find even a semblance of the ovary or ovaries. In this case there was a general peritonitis, extensive bowel adhesions, the left side remaining apparently healthy. It is a typical case of unilateral orchitis or salpingitis and ovaritis, resulting in abscess of both tube and ovary. It demonstrates beautifully how common it is to find multiple abscesses in the pelvis. Again it shows the folly of the vaginal or Martin treatment by incision and vaginal drainage. It only adds great complications to the surgery that must follow to cure these cases. This I have practically demonstrated recently and many times in my own work. In short, I dread a section in a case that has had vaginal drainage. It is the most difficult and trying of all our pelvic operations. This operation was done by my brother at four this afternoon. To save lives in these cases we must work like the Fire Department. This is the third case done for gonorrhœa in the past few weeks. All the husbands under treatment at the time of the section, two of them for epididymitis.

This large tumor is an electrical tumor. It was so fully liquefied that six quarts of fluid drained from the tube I placed it in for the purpose of ascertaining the amount of leakage. It is a large cystic fibro-myoma of the uterus. The cervical portion is mostly fibroid, and the fundus myomatous. The tumor has been electrified three times a week for eleven months by a pupil of Apostoli, a Boston man. The improvement was marked by, first, hæmorrhage lessened, but a very marked increase of a watery discharge; second, rapid enlargement of the tumor, causing dyspnoea and excessive pressure symptoms; and third, by rapid emaciation and decline in general health of the patient.

She demanded its removal. Operation was declined by numerous operators in Boston and New York, one operator giving her one chance in four for survival. Some time ago I stated that surgeons would demonstrate the "electrical cure" with the specimens of the patients so treated in their hands. This in cases of extra uterine pregnancy, fibroids, and tubal and ovarian disease. These cases are now rapidly coming into surgeons' hands and demonstrate that such cases are among the most difficult in abdominal surgery to deal with, because of complications due to delay and mischief incident to the application of electricity. It is most lamentable and trying that we should have to deal with such grossly neglected and barbarously treated patients. Another point, I have frequently said that advanced fibroid disease is always complicated by tubal and ovarian disease. Rarely recognized before operation, this is proved by the published cases of Keith and others. Even pus-tubes are common, hence additional risk in the application of electricity when such complications generally exist. In this case I found an adherent ovarian cyst on the left side, necessitating the enucleation of the sigmoid for about four inches. There was a small cyst in the broad ligament on the right side.

It is also the first case I ever had where the broad ligament was on the posterior side of the tumor.

I dealt with the tumor by extra-peritoneal supra vaginal hysterectomy. The pedicle was, at the beginning of the operation, about four inches in diameter, and diminished in size during the operation, until it reached about one inch in diameter. The capsule on the anterior side was transversely incised high up, and retracted about four inches, permitting the fundus of the bladder and the broad ligament to retract, so that the *serre noeud* might be applied at a higher level with less drag on the pins. The stump was fixed in the lower angle of the incision, the parietal peritoneum was stitched to that of the stump below the wire, the abdomen closed, and a dry gauze dressing applied. The patient has had no shock, no hæmorrhage, and now, on the eighth day, is a comfortable, happy woman. No operative disturbance of any kind.

J. M. Baldy,
328 South Seventeenth Street. Secretary.

For Influenza.—Dr. Frankhauser, of Reading, recommends the following:

℞ Atropinæ, - - - - gr., $^1/_{96}$.
Ext. ipecacuanha, - - - gtt. ij.
M. Sig.: Every three hours. Or:
℞ Tinct. aconiti, - - - gtt. j.
Tinct. sanguinariæ, - - - gtt. xv.
M. Sig. Four times daily.—*Med. Bull.*

SELECTIONS.

TREATMENT OF GOITRE BY INTERSTITIAL INJECTIONS OF TINCTURE OF IODINE.

Several years ago, Luton, of Rheims, proposed the treatment of goitre by the intra-parenchymatous injections of undiluted tincture of iodine. This method was afterwards adopted and commended by Prof. A. Lucke, and by Duguet; the latter has published a memoir on the subject, in which he has reported numerous successes.

Terrillon, surgeon to the Salpetriere, has published, in the *Bulletin General de Therapeutique*, a communication in which he advises the iodine injections in bronchocele as more likely to give curative results than those of tincture of iron or of ergotin, counselled by former surgeons; and he gives minute directions how to carry out this treatment successfully.

In order properly to practice this injection, says Terrillon, there are three points indispensible to know:

1. The operator must be sure that he has pene trated the substance of the tumor before pushing the injection.

2. He must avoid, as far as possible, transfixing the veins which ramify in the cellular tissue in front of the neck. In fat patients the veins are not very apparent and it is desirable before inserting the needle to find a place where no veins shall be in the way. The patient should be made to take a full breath, during which the swollen jugulars become prominent, and they can be very easily avoided.

3. The third important point is to have a hypodermic syringe that is perfectly clean, in order to avoid the introduction of infectious germs. Terrillon recommends that the syringe with its needle should be left a certain time in boiling water before being used.

After having taken these precautions to obtain asepsis of the instrument, and after having chosen the place to make the injection, the operator takes the needle and plunges it slowly but without hesitation into the hypertrophied thyroid body. To avoid the infiltration of liquid in the cellular tissue of the neck, it is necessary to insert the needle to the depth of at least two or three centimeters, and to be assured by the movement impressed on the tumor and by the feel of the needle, that the latter has penetrated the glandular substance. Having introduced the needle deep into the thyroid body, the surgeon unscrews and removes the syringe before making the injection, in order to see whether any blood flows by the canula. This precaution is needful in order to avoid the injection of iodine into the interior of a vein. If blood should flow at the point of puncture, another place is chosen, and the same manœuvre is repeated.

After being assured that a vein has not been pricked, the syringe is readjusted, and half a gramme of pure tincture of iodine is injected into the tumor. If this injection is well supported, if the patient experiences no other symptoms than a slight pain with a little swelling, the next time a whole syringeful is injected. After having made the injection and introduced the desired quantity of liquid into the tumor, the needle is not immediately removed, but is left a few seconds, in order that the liquid may be sufficiently diffused into the parenchyma of the gland, and that it may not flow into the subcutaneous cellular tissue.

Terrillon recommends to make but one injection at a time, and to have four or five days' interval between the injections, in order to guard against danger of iodism. A little pain immediately after the operation at the site of the puncture, followed by shooting pains into the back of the neck, the lower jaw, or even the shoulder, should not give alarm, as these pains are rarely of long duration. Sometimes the patients taste iodine in the mouth after the injection, due to the elimination of iodine in the saliva. A little swelling follows the injection; this rarely goes on to suppuration.

Cases have been recorded where goitre has been benefited and even cured by one injection of tincture of iodine. Ordinarily the injections have to be repeated several times, and sometimes as many as twenty are required to bring down the thyroid body to its normal volume. At the point where the iodine is injected, there takes place a destruction of the tissue elements, which undergo fatty transformation, and end in being absorbed. The irritation of the tissues causes the formation of a point of cicatricial tissue, which in undergoing retraction little by little produces shrinkage of the tumor. The injection of iodine acts, then, by provoking the fibrous transformation of the goitre. A sufficient number of injections must be made so that all points of the thyroid body may be brought under the influence of the medicinal agent. In this way, complete atrophy of the morbid growth is eventually obtained.

Terrillon believes that the tincture of iodine constitutes the most efficacious treatment of goitre. At the same time, other irritant liquids may be injected into the thyroid body, such as a 10% solution of iodoform in ether. This acts in the same way, by provoking a non-suppurative inflammation of the tumor. Fowler's solution has been employed, but this is toxic, and can with safety only be injected by drops. Moreover, it is not so certain in its action as iodine; and the same may be said of ergotin, which was formerly much used in parenchymatous injections from the supposed power to cure atrophy of the hypertrophied gland-elements by lessening the blood supply.—*Ed. Bost. Med. and Surg. Jour.*

DANGER IN WATER-GAS.

The president of the Newport Gas Company having announced the proposed use of water-gas by said company, the Sanitary Protective Association of Newport, R. I., has felt it its duty to inquire as to the conditions and safe-guards under which the dangerous agent is to be used. In respsonse to this inquiry an answer was

received from the gas company declining to give any definite information on the subject, stating, furthermore, that the opinion now prevails that water-gas is not more harmful than ordinary coal-gas. This statement is clearly incorrect. Dr. Wolcott Gibbs, of Newport, formerly Professor of Chemistry in the Lawrence Scientific School of Harvard, comes to the following conclusions from an elaborate series of experiments made in 1884-'85, viz: That when ordinary coal-gas is allowed to escape in a room from an open gas jet it is somewhat difficult to reach the danger line, partly on account of the relatively small percentage of carbonic oxide and partly on account of the natural means of ventilation. In the case of water-gas it is, on the contrary, easy to reach the danger line, from the much larger percentage of carbonic oxide gas which it contains, as well as from its inherent poisonous properties. In all cities in which water gas has been introduced there has been an extraordinary increase in the number of deaths from gas-poisoning. He concludes by saying that water-gas is to be regarded as extremely dangerous to life.

Prof. Josiah P. Cooke Erving, Professor of Chemistry at Harvard, concurs in the views expressed above by Dr. Wolcott Gibbs.

Mr. A. R. Carter, Secretary Board of Health of Baltimore, states that the introduction of water-gas into that city in 1881 has increased enormously the deaths from suffocation by illuminating-gas. Before that time the reccords show but one death from that cause. Since then, and up to December 26, 1889, fifty-four deaths have been reported.

Especial interest centers in the report of Mr. A. B. Almon from the fact that it is the intention of the association to petition the legislature for a law similar to that which is enforced in Massachusetts, which forbids the use of illuminating gas containing more than 10% of carbonic oxide.—[Abstract of a report of A. B. Almon, President, to the Sanitary Protective Association of Newport, R. I.]—*San. Rep.*

Mode of Propagation of Influenza.—Dr. Pietra Santa, in *Jour. d'Hygiene* December 19, 1889, says: According to Leon Colin, the rapid spread of epidemics of influenza gives us a reason for their brevity, even when they are pandemic.

In such cases we see the whole of Europe attacked within six weeks, and the entire surface of the earth overrun in six months. Under these conditions, he adds, the contagiousness of the disease is inadmissible.

The rapidity of its march, its simultaneous appearance in vast and widely separated regions, the fact that it travels with equal rapidity in sparsely as in densely populated districts, all go to show that it is not contagious.

Furthermore, the disease seems to be independent of telluric influences, inasmuch as it has been observed to occur on vessels having no communication with the land, even entire squadrons having been affected, as instanced in the case of the English and Belgian fleets during the epidemic of 1780.

To us it appears that the cause of the epidemics of influenza lies in the atmosphere. We see no other pathogenic agent whose influences are general or mobile enough to correspond with the peculiar features of an epidemic of "la grippe."

Scientific opinions differ widely as to what particular atmospheric conditions are favorable to the disease. Nothing certain is known. Professor Zdekauer, of St. Petersburg, believes that the influenza is a precursor to an epidemic of cholera and states that he has observed this to be the case in four different instances; but it seems to us that this view is incorrect.

Physiological Action of Thalline and Its Contraindications.—As the result of his experiments in the use of thalline M. Albert Robin formulates the following conclusions:

1. Thalline is a poison to the blood-globules, the nervous system, and in general to tissues rich in sulphur and phosphorus:

2. Its antiseptic action within the organs of the body is insignificant and transitory.

As a corollary of its physiological action the following conclusion may be drawn:

1. Inasmuch as the antipyretic properties of thalline are united to its toxic effects upon the nervous system and upon the red globules of the blood, this remedy is a false and dangerous antipyretic which should be proscribed in the treatment of fevers.

2. Its power of retarding the elimination of uric acid renders it unfit for use in the uræmic affections, and consequently in the greater number of cases of arthritis and nephritis.

3. Its prolonged employment tends to produce anæmia and to provoke in time more or less marked nervous disturbances.

4. The study of the effects of thalline points to the entire contraindication of the remedy.—*Le Bulletin Med.*

Cholera Advancing Toward Europe.—According to the *Lancet*, there is good reason for believing that the epidemic of cholera which has for many months hung about the Tigris and Euphrates valleys, and the interior of Mesopotamia, has made considerable inroads into Persia. News of its having crossed the western boundary of that empire has been received from time to time, but it is now announced at the Faculty of Medicine of Paris that there has been an alarming increase of the disease in Central Persia and the Turco-Persian frontier, and that the people are fleeing northward. Those who can afford the journey are endeavoring to reach Russian ports on the Caspian, and remembering that this is the route into Europe which cholera has so often taken before, the announcement must be regarded as one of no little gravity.

OBITUARY.

Death of Dr. C. W. Stevens.—One of the oldest and most highly honored of the St. Louis profession, Dr. C. W. Stevens, died at his residence on Monday, February 17. Although Dr. Stevens had been in poor health for some time, he was able to be about, and his death will, therefore, prove a greater surprise and shock to his many friends.

Dr. Charles Whittlesey Stevens was born June 16, 1817, in Pompey, Onondaga County, N. Y., and was of Welsh and English ancestry. He received an academic education in his native town, and taught in the "country district" schools to obtain money to fit himself as a civil engineer. He came West in 1839, and finding his intended profession overcrowded he began the study of medicine in the office of Dr. George Rogers, in Rushville, Ill. In 1840 he came to St. Louis and attended lectures at Kemper College, now known as the Missouri Medical College. He graduated with honors in 1842, receiving his diploma from Rev. E. Carter Hutchinson, the college president. He settled in St. Louis to practice his profession and remained here. He soon acquired a paying practice, and in 1844 was elected demonstrated of anatomy in the medical college where he graduator. In 1849 he resigned this position to accept a similar one in the St. Louis Medical College. He was elected to the general, special and surgical anatomy professorship of the same institution in 1856, and, after visiting the hospitals of Europe, returned and delivered able lectures during the thirteen years that he held this chair. In 1868 Dr. Stevens resigned his professorship to take charge of the St. Louis County Insane Asylum. He had already been a member of the Board of Managers of the Missouri State Lunatic Asylum for some years.

In 1872 he resigned the position of superintendent of the asylum and returned to general practice in this city, where he gave much of his time to treating insanity cases, and was often called as an expert in medico-legal trials where the plea of insanity was urged. He was also connected with the educational institutions of St. Louis, having served two terms in the Board of Directors of the Public Schools. He was one of the corporators of the St. Louis Academy of Sciences, and the rare fossil known as *Bos Cavifrons*, an extinct species of the ox, is one of his contributions to its cabinet. He was a Union man during the war, and served four months as Post Surgeon at Pilot Knob, several weeks at the siege of Corinth and then visited the hospitals near Vicksburg. In 1879 he was elected president of the St. Louis Medical Society. From November, 1883, to July, 1886, he was again Superintendent of the St. Louis County Insane Asylum. Since then he has devoted himself to private practice.

USEFUL FORMULÆ.

Aperient Lozenge.—Dr. T. C. Smith recommends the following (*Medical Standard*):

℞ Sulphur, - - - - - gr. v.
Cream of tartar, - - - gr j.
Extract of ipecac, - - gr. 1-100.
Extract of capsicum, - gr. 1-1000.
Calcium bisulphite, - - - gr. ⅛.
Sugar, - - - - - gr. viij.
M. Make one lozenge.

This combination is a gentle, efficient aperient remedy for habitual constipation. One, two or three lozenges, to be slowly dissolved in the mouth, soon after meals, will be sufficient to produce a gentle and pleasant action. The patient, after the lozenge has dissolved, should slowly drink a glass of water to increase the potency of the lozenges.

Creasote: Formulæ for the Administration of.—Dr. Keferstein (*Therap. Monatsch.*) gives some very good formulas for the administration of creasote. The one at first recommended by Dr. Bouchardat, and later on by Dr. Frantzel, has been modified by the author as follows:

℞ Creasote, - - - - - gr. xx.
Alcohol, - - - - - ʒ vj.
Cinnamon water, - - - - ℥ iij.
Cinnamon syrup, - - - ʒ vj.—M.
Sig. One teaspoonful three times daily.

For the pill form the following is recommended:

℞ Creasote, - - - - - gr. ix.
Powdered marshmallow root,
Purified liquorice, - - aa ʒ jss.
Mucilage of gum arabic, - - q.s.—M.
Div. pill. No. cxx. Coat with gelatin. Sig. One pill three times daily.

In irritative cough and diarrhœa the following is administered:

℞ Creasote, - - - - - gr. xxx.
Acetate of lead,
Opium (pure), - - - aa gr. v.
Extract of liquorice, - - - ʒ jss.
Mucilage of gum arabic, - - q.s.—M
Div. pill. No. 50. Sig. One pill three times daily.

For children, creasote in the form of the following emulsion seems best adapted:

℞ Creasote, - - - - - gr. xx.
Dissolve in almond oil, - - ℥ j.
Gum arabic, - - - - - ʒ v.
Water, - - - - - ℥ iij.—M
Make an emulsion and add
Comp. tinct. of orange peel, - gtt. xlv.
Oil sugar of peppermint, - - ʒ j.—M.
Sig. One teaspoonful two to five times daily.

For drop doses the author uses the following:

℞ Creasote, - - - - - gtt. xv.
Tincture of cinnamon, - - - ℥ j.—M.
Sig. Fifty drops three times daily in a half a cup of warmed milk or warmed sweetened water, or Malaga wine, etc.—*Deutsche Med. Wochen.; Can. Lancet.*

READING NOTICES.

Doctor, if you have any case in which nutrition in the most easily assimilable form is a *sine qua non*, send a postal card to the Malted Milk Co., Racine, Wis., and ask for a sample of Malted Milk, and you will be pleased with its effect.

Nutrolactis.—We have now been using this preparation for one year, and our confidence in it grows steadily with each case for which we prescribe it. The recommendations from others gave us confidence at the start, but our own experience has made it, with us, as near specific as a galactagogue, as remedies ever get to be in any condition. We have used it in twenty cases with but one failure. F. L. Sim, M.D.,
Jan. 1890. Ed. *Memphis Medical Monthly.*

Wheeler' Tissue Phosphates.—This is a combination of great reliability and efficacy. It has been very highly recommended by the medical profession, both at home and abroad, wherever it has been tried. We have used it in many cases of indigestion, nervous prostration, chlorosis and anæmia, and we have no hesitation in giving it our unqualified recommendation. We have, therefore, great pleasure in calling the attention of the profession to a preparation so worthy of confidence, and so reliable in the treatment of convalescing patients and all diseases attended with debility of the nervous and muscular system.—From the *Lancet*, J. Fulton, M.D., Professor of Physiology in Trinity Medical College, Editor, Author of Text-Book of Physiology.

Warner's Antiseptic Pastilles.—Following a suggestion recently made by Dr. C. Seiler, in the *Medical Record*, Messrs. William R. Warner & Co., the well-known pill and compressed pastille manufacturers, of Philadelphia, are now placing on the market antiseptic pastilles for the treatment of certain nasal affections. These pastilles are not only powerfully antiseptic and comparatively innocuous, but also distinctly deodorant, as sodium bicarbonate, sodium biborate, sodium benzoate, sodium salicylate, menthol, and oil of wintergreen enter into their composition. One of the pastilles makes two ounces of a lotion or spray for the nostrils, and it is, according to Dr. Seiler, "sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucous membrane, and as it is of proper density, it is bland and unirritating, leaving a pleasant feeling in the nose. As an aseptic and deodorizer it is also far superior to Dobell's solution or any other non-irritating deodorizer and antiseptic." The pastilles are introduced here by Messrs. F. Newberry & Sons, of King Edward St., London, E. C.—*The Chemist and Druggist.*

Physicians and Financiers.—For the last twenty-five or thirty years, efforts have been made to simplify the business books of physicians, so that as little time as possible would be required for a medical man to enter his charges, and keep something like a systematic account of his business. It has been found impossible for one engaged in active practice of medicine to keep what is called a day-book, cash-book and a ledger, for with such a set of books, oftentimes not having time to enter any charges for two or three days, he will frequently forget many items. Then again, frequently he will let his ledger go unposted for weeks and months and when called upon to make out a bill, he will in consequence, not be able, and will be under the necessity to ask the patient to call again.

Visiting lists have been constructed to enable physicians more easily to keep account of their services; and they have certainly been of great use. We feel sure that, through them, we saved many dollars, which without them, we would have lost.

Henry Bernd & Co., St. Louis, Mo., are publishing one of the best Physicians' Registers in the trade. See their ad. in this number. Write for sample pages, and mention the Weelly Medical Review.

Buffalo Lithia Water in the Treatment of Stone in the Bladder. Its Solvent Properties. Its Value in Bright's Disease, Cystitis, etc. By John Herbert Claiborne, M.A., M.D., Petersburg, Va. From *Victoria Medical Monthly*, December, 1889.

I have for many years been prescribing the use of the Buffalo Lithia Water in cases of lithiasis, uræmia, Bright's disease, cystitis, and of congener affections, and with the same marked results which have followed its exhibition in like conditions by a number of other physicians. The most striking instance, however, in which I have seen the solvent properties of the water manifested has been in the case of Mr. Thos. D. Moss, of this city. Mr. Moss had been subject to attacks of lithiasis for several years; but in August last, after one of the most violent attacks of nephritic colic, passed gravel from the kidney into the bladder, where it remained for a week or more, setting up a severe inflammation of that viscus, with all of its painful and distressing symptoms. Finally, however, the gravel recommenced its journey, and became lodged in the prostatic portion of the urethra, cutting off the flow of urine and causing retention. Being compelled to use a catheter for the relief of this symptom, I pushed the calculus back into the bladder, as there was too much inflammation to resort to either the crushing of the stone or to its removal by lithotomy.

I put the patient to bed, restricted him to a milk diet, administered opium suppositories in sufficient doses to relieve vesical tenesmus and pain, and directed him to drink the Buffalo Lithia Water in the largest quantities which he could bear. He succeeded in drinking from a half gallon to a gallon every twenty-four hours, and, at the end of about ten days, commenced to pass the detrita of the gravel, as I suppose, in quantities which seemed incredible. At all events, after passing his water upon a clean board, and allowing as much of it to flow off as would, you could then scrape up with a knife a teaspoonful or two, (after every passage of urine) of phosphates, urates, etc., closely resembling whitewash which had been applied to the board, and which had there dried. This continued for a week. I then washed out the bladder several times with a warm solution of boracic acid, and Mr. Moss was soon on his feet again.

At this writing, he says that he is perfectly well, and feels, for the first time in many years, entirely free from all kidney or bladder trouble.

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ORIGINAL ARTICLES.

HYPNOTIC SUGGESTION AND ITS THERAPEUTIC APPLICATION IN THE TREATMENT OF DISEASE.

BY BENNO VON STEINMETZ, M.D., ST. LOUIS.

In the WEEKLY MEDICAL REVIEW of September 14, 1889, I published an article entitled, "Hypnotic Suggestion and its Technique." After six months further trial of this wonderful therapeutic agent, after its application on more than five hundred patients, with, in many instances, marvelous results, I feel it my duty to the profession to make known some of my experiences; and if this article should induce some of my confreres to apply the hypnotic treatment, I will be amply repaid for my labor.

In the first place, I wish to state that I have never seen any injurious results follow in any of my cases, and that I have never used my power over the patient for any other purpose than to relieve the suffering and cure the disease, for which my help was solicited. I believe that every effort to use that peculiar and wonderful power which the hypnotiseur exercises and holds over the subject, further, than strictly to the relief of the suffering and the curing of the disease, will not only be followed by injurious effects on the patient, but also will degrade that noble aim of our profession, and place this art on a level with the veriest quackery and charlatanism.

The percentage of susceptible persons I have found greatly increased over my former estimate, and I succeed now in influencing five out of every six persons to a more or less degree, and I have had no failures whatever in children between the ages of seven and fourteen. The method of hypnotizing, I have also somewhat modified from that I formerly applied. In most cases I now gaze fixedly at the patient, having first placed him in a recumbent position, and ask him to look straight into my eyes and do exactly as I tell him. Then, staring at him with all the force that I can put into my expression I tell him that his eye balls are burning, his eyelids are growing heavy, that he is drowsy and that in a few seconds he will be asleep. After continuing this procedure for ten to fifteen seconds longer, I suddenly say in an imperative tone of voice, "sleep!" at the same time closing his eyelids gently with my fingers and pressing slightly on the eyeballs through the closed upper eyelids. In most cases, sleep has really come, and I begin my treatment with the suggestion, always declaring authoritatively for the disappearance of the pain or affection complained of. If the pain is felt at different localities of the body, it is advisable to treat one part at a time and leave the others for future treatments.

Hypnotic sleep should not be allowed to continue longer than from ten to twenty minutes, except in the case of insomnia, when the patient may be allowed to sleep until he awakes spontaneously. This spontaneous awakening can also be regulated by suggestion. If the hypnotiseur suggests that the sleeper will awake in two, three, or as many hours as he finds necessary, then true to the law of suggestion, the patient will awake at the appointed time. I have tried to explain this influence exerted by the operator over the subject in the hypnotic state as a purely physiological process. I believe that every human being may be placed in this state, if the means are found to which each individual is susceptible; that there exists in every human brain a part, set aside for just this state and purpose, which, if called into play by the hypnotiseur, exercises an inhabitory or an ordaining control over the motor and sensory nerve centers.

The annexed list of cases treated by me in the presence of Dr. W. G. Priest, will go far to show the real value of the art of hypnotism in relation to its therapeutic influence in the treatment of disease. I have gleaned at random some cases from my case book, but they are sufficient to convince the most skeptical. Should any one doubt the authenticity of any of the cases cited under the initial letters of their names, I am ready to produce them at once as well as their addresses.

CASE 1.—Herman H., æt. 11 years, complained of violent pain in the region of the liver and over the pit of the stomach; the pain had lasted for more than four months. I could not detect any organic changes in the organs underlying the region where the pain was felt, except a slight enlargement of the liver. I placed the boy in a recumbent position, and by gazing fixedly in his eyes and ordering him to sleep, I succeeded in hypnotizing him in thirty seconds; catalepsy, automatic movements and all the phenomena of the fifth degree were present. Energetically suggesting the disappearance of the pain, I awakened him at the expiration of fifteen minutes by simply telling him to open his eyes and be awake. The pain which had tormented him for four months unceasingly had vanished completely. I told him to come back in two days and report to me as to his welfare, and on the second day, he returned, telling me that he had not felt any more pain but that since he had been cured of it, his bowels began to operate from eight to ten times per day, and that he wished I would remedy this condition. Accordingly, I hypnotized him by simply commanding him to sleep; whereupon I suggested that he would have but two evacuations daily and none at night. After ten minutes sleep, I awakened him, and ordered him to return in two days. At the appointed time he called on me, telling me that he felt perfectly well, that he had only two passages a day and that the pain he had formerly felt had not returned.

CASE 2.—He was accompanied by his mother and sister; the mother requested me also to cure her little girl Helen H., æt. 8 years, who had suffered from pain in the region of the stomach, vomiting after meals, little or no appetite, headache and habitual constipation. I

hypnotized her by the usual method in about ten seconds, and suggested the disappearance of the headache, vomiting and pain; after fifteen minutes sleep, I awakened the patient, who averred that the headache and nausea had ceased. Two days later, mother and daughter returned, the child very much improved, no return of pain, headache or nausea, but the condition of her bowels had not improved. I again placed the girl in the hypnotic state and suggested to her, two evacuations daily. After ten minutes' sleep she was awakened and ordered to return in four days for report. At the expiration of four days, the mother called upon me, stating that her girl was all right; that she had to go to the closet twice a day and felt perfectly well.

Case 3.—Anna C., æt. 37 years, married, having three children, German, had tic douloreux, the left supra orbital, infra-orbital and inferior dental nerves being involved. She had suffered continually for four years, the pain intermitting only during pregnancy; she had been treated by several physicians without any improvement. Consenting to my treatment with suggestion, I hypnotized her in thirty seconds. I restricted the treatment to the supra-orbital pain in the first seance and after a sleep of fifteen minutes the pain above her eye had ceased. I bade her return in two days for further treatment, and through the same method the infra-orbital pain was removed; two days later the pain along the track of the inferior dental nerve was cured and the patient after the third seance, felt once more a well woman, the first time in four years. She returned twice, at intervals of one week at my request, to report that the pain had not returned.

Case 4.—Harvey C., æt. 37 years, colored, married, suffered from intercostal neuralgia for six days, had not slept for several nights on account of the pain, submitted to my treatment and I hypnotized him in thirty seconds. After sleeping for ten minutes the violent pain had disappeared completely, and he left, promising to return the next day. He did return, stating that at about 3 o'clock A. M. some pain appeared in the same place as before, but not near so severe as at first. After another treatment of ten minutes duration, he awoke and all pain had left him. It was understood that he was to return in two days and report, which he did, and said that he had felt no more pain and that he was as well as ever.

Case 5.—Emil K., æt. 9 years, healthy, fell from a table and struck on his face, the right upper canine and incisor tooth cutting through the lip and breaking off. The boy's mother being present, with her consent I hypnotized him, and while he was asleep, extracted the roots of both the canine and incisor teeth, sutured the wound with two pin-sutures, dressed it and awakened the boy after everything was completed. He stated that it did not hurt him at all. He returned the second day and the wound was healing nicely, the mother stating that the boy had not once complained of pain since. On the fourth day I found the wound completely healed and removed the pins.

Case 6.—William D., æt. 75 years, widower, laborer, fell and received a severe contusion of the right shoulder; he could hardly touch the parts on account of pain, nor could he move his right arm. I hypnotized him and he was quickly influenced; I raised his right arm, elevating the elbow above the shoulder, at the time suggesting that it would not pain him; he made a wry face but when asked whether it hurt him, he said no; then I made him raise the arm himself, and move it in every direction, assuring him that he could do so without pain; he did as he was told and after sleeping for fifteen minutes he was awakened and found himself free from pain, and able to move his arm in every direction without suffering.

Case 7.—Eliza J., æt. 17 years, colored, single, complained of violent neuralgic pain in back and in the region of both ovaries, the pain having lasted for two weeks; she was hypnotized by Dr. W. G. Priest and after sleeping for fifteen minutes, the pain was relieved.

Case 8.—Harry D., æt. 28 years, carpenter, single, received a blow on the forehead with a beer glass, which breaking, slashed him in a terrible manner. I sewed his wounds together while he was in the hypnotic condition, putting in as many as fifty stitches, and he never moved, nor did he feel any pain whatever during the operation.

Case 9.—Dora N., æt. 13 years, school girl, suffered from toothache for three days, was treated with suggestion and after ten minutes' sleep woke up completely relieved.

Case 10.—Harry C., æt. 28 years, commercial traveler had been on a spree for two weeks, had not slept for three nights and had the peculiar tremor characteristic of excessive alcoholic stimulation. I succeeded in hypnotizing him after seven minutes' effort and I suggested that his hands would not tremble any more on awakening, and that he would feel better in every way. After a sleep of thirty minutes, his hands were more steady than my own, and he assured me and Dr. Priest that this had been his first rest for three nights, and that he felt a great deal better.

Case 11.—Gus S., æt. 25 years, carriage driver, received a cut across the dorsal aspect of his left hand and fingers, and another across his right breast. I hypnotized him at his request, as he said he could not endure the pain incident to sewing his wounds together; on awakening he stated that during the entire surgical procedure he experienced not the slightest pain whatever, nor was he aware until after I showed him his bandaged hand and breast, that he had undergone a surgical operation.

I need hardly say that I might easily cite many other instances, but I think the foregoing cases amply sufficient to prove the value of hypnotism as a therapeutic agent in the treatment of disease.

1412 Market Street.

CURTAILMENT OF THE SCROTUM FOR SEXUAL DISORDERS.

BY G. WILEY BROOME, M.D., ST. LOUIS.

Read before the St. Louis Medical Society, January 18, 1890.

From an experience extending over a number of years in the treatment of sexual disorders, I have been recently led to believe that many of the forms of impotence, including spermatorrhœa, if not induced solely by a long and flaccid scrotum, are largely responsible for the presence of these deplorable infirmities.

Since so much of human happiness depends upon the correction of these disorders, it is a matter of much surprise that the subject has not received more attention. My general proposition is, that no form of atonic impotence can be completely restored in cases with redundant scrotum without first curtailing the same.

Many of the morbid genito-spinal-reflexes are perpetuated simply in consequence of a too-yielding scrotum. Recently a case came under treatment, who had been reduced to a complete state of sexual hypochonchiasis by this condition. His scrotum was long, flabby and thin. He was æt. 28 years and had masturbated most of his life. His only attempts to copulate were failures; neither was he able at the opportune moment to maintain an erection or effect intromission, yet there was a constant ejaculation of semen. He stated that for several years he suffered from almost intolerable dragging weight in his testicles and along the cord and a constant pain in his back. There was varicocele on the left side. He was sent to the Protestant Hospital, where about 3 inches of his scrotum was removed; soon after the operation he commenced to improve. The dragging weight was scarcely felt after he got up and the mental hypochondriasis was no longer a burden to him.

The other cases operated upon up to the present, were not so desperate, so far as the morbid sexual symptoms were manifested, but in all there was a certain myelasthenia present.

The immediate purpose of the operation in these latter cases was for varicocele,and I have unbounded faith in the belief that it is the most rational method for limited varicocele yet devised.

You know at the present day the contest in the minds of the profession as to the best means of curing varicocele lies between curtailment of the scrotum, antiseptic excision of the veins, and subcutaneous ligature. The operation embracing the excision of the veins may be rightly considered a relic of other days and should be relegated from the plane of modern enlightened surgery. It entails frightful mutilation of the parts and places the life of the testicle in imminent jeopardy. Necrosis of the testicle has followed this operation many times and in the hands of some of the most careful and brilliant operators of the country.

Subcutaneous ligature is not a safe method in the hands of every one. The cord or the spermatic artery may be included, for it is a blind operation, if you will pardon this term, and much harm may be done in engaging the ligature. Besides the above specified objections to these methods, neither of them tend to ameliorate the very conditions which are most at fault. I mean in relieving the pendant testicle and unsupported spermatic cord and vessels. In nearly all cases of varicocele, this is the actual difficulty at the commencement of the enlarged veins.

While it has not been demonstrated to my entire satisfaction, yet it is believed that azoo-spermism, or infertile semen, may follow a chronic condition of relaxed and elongated scrotum, and partial atrophy of the testicle is no doubt in many cases induced by the same cause. The constant dragging weight effected by the unsupported testicle through the spermatic cord is sufficient to produce these changes, including many other of the morbid phenomena peculiar to sexual debility. The remedy for this evil lies in the operation proposed,which is nature's remedy. The shortening of the scrotum and the establishment of nature's method of mechanical and physiological rest of the testicle, is the end accomplished. Patients frequently consult us for what they describe as a loss of sexual vigor. They bewail the condition that enables them to copulate successfully once in a great while only, and then the too frequent result of the consultation is unavailing to them. Perhaps without a thorough investigation into the actual causes of their trouble, or even an inspection of the genital organs, the usual prescription is given for the ordinary aphrodisiacs and the patient continues on in what he considers a woeful state, and if he be a young man in contemplation of matrimony the mental anxiety borders on desperation. He finds no relief from the medicines prescribed for him, indeed, he is growing worse and maybe turns his back against our profession, somewhat after the fashion of Carlisle, who in his reminiscenses tells how he once rode sixty miles to Edinburgh "to consult a doctor, having at last reduced his complexities to a single question: Is this disease curable by medicine, or is it chronic, incurable except by regimen? This question I earnestly put, and got response. 'It is all tobacco, Sir, give up tobacco.' I gave it instantly and strictly up. Found after long months, that I might as well have ridden sixty miles in the opposite direction and poured my sorrows into the long hairy ear of the first jackass I came upon, as into this medical man's, whose name I will not mention."

Now as to the operation itself, while it may appear a minor affair, yet it involves much care and a little dexterity. The technique, in other words, of the procedure embraces details that must be observed in order that a happy result may be secured.

Enviroment of the Patient.—There is no disputing the fact that the best results in all surgical operations are obtained in the modernized hospital.

Let it be understood that I used the clamp instrument devised by Dr. Ferdinand King, in each case.

Of course, the first step in the operation is the sterilization of the parts by means of soap, brush and razor. A most excellent article of soap for the purpose is that manufactured by the Campho-Phenique Co. The anus, perineum, scrotum, penis and inner aspect of the thigh must be energetically scrubbed in hot water with the soap and a clean brush, then the operators hands should be scrubbed, likewise his knife and the clamp. Then place a bandage around the patient's abdomen, another around his penis and fix the ends of the latter to the former, in order to carry and hold the penis against the abdomen. This being properly done, apply the clamp, carefully engaging it immediately above the line at which it is proposed to amputate the scrotum. This point of selection should be high enough to form, when healed, a firm floor for the support of the testicles. A number of interrupted sutures are then secured, between the divided lips of the integument only, by means of a small straight needle armed with fine sterilized silk. The integument must be evenly united over the dartos in this way, in order that healing by first intention may be secured. This being completed, the dartos and integument are firmly stitched together with a small Hagedorn needle and the catgut suture passed through each one of the eyelets in the instrument. The instrument must be left firmly adjusted until the two membranes are safely and completely united, for by disengaging the dartos from the jaws of the clamp before it has been firmly fixed to the skin, alarming and uncontrollable hæmorrhage may result. In fact the clamp should be left *in situ* for several hours until exsiccation is well under way. The wound itself is dressed with cyanide of zinc and mercury rubbed in ordinary gauze; the penis is kept bandaged until the wound is healed.

Sixth and Olive streets.

CLINICAL LECTURE.

BY DANIEL R. BROWER, M.D., CHICAGO, ILL.,

Professor of Diseases of the Nervous System, Didactic and Clinical, in the Woman's Medical College; Professor of Mental Diseases and Lecturer on the Practice of Medicine in Rush Medical College, Chicago.

Poliomyelitis Anterior Acuta.

The first patient I present to you to-day is æt. 52 years. She informs us that in June last she had two convulsions in quick succession. She said that she had general malaise and a high fever before the convulsions came on, and after she recovered from the convulsions her left leg was partially paralyzed, and two weeks afterward her other leg became paralyzed. Her health previous to this trouble was good. She is married, but has never borne children. On examination of the limbs we find, with the æsthesiometer, that the tactile sense is normal. We find by the use of these two tubes, one containing hot and the other cold water, that she has a normal condition of temperature sense, and she seems to have also a keen perception of pain.

Whatever the trouble is, it does not involve the sensory areas. Examination of the condition of the limbs as to temperature shows that they are colder to the sense of touch than they ought to be in a room of this temperature. Comparison of the temperature of the hands with that of the lower extremities shows that the temperature is considerably below normal.

There is paralysis of certain muscles in this case. She cannot make certain movements. Examination of the limbs as to the condition of the muscular tissue shows waste; the calf-muscles have almost disappeared. She had large limbs at one time, but now they are small in comparison to what they ought to be in a person of her size.

There is no disturbance of sensation, but impairment of motion (paralysis), depressed temperature and atrophy of the limbs.

Regarding the history of this patient, I would say that I saw her at the time she entered the Woman's Hospital. Then there was absolutely no power in the lower extremities. Since that time, by the use of electricity every day, using the galvanic current to a strength sufficient to produce muscular contractions, she has improved. She has also had massage daily, and was given internal specific treatment. There were certain things in this case that pointed to syphilis as the cause of this disturbance in the spinal cord, and under this continued electrical treatment, together with massage and the internal administration of mercury, she has made a good deal of improvement.

The affection is an inflammation of the anterior horns of the cord—poliomyelitis anterior acuta—and the interesting feature about it is this: it has occurred in an adult. It is a disease of the spinal cord exceedingly uncommon in adults. It comes on suddenly, with first a severe chill and fever, followed by convulsions, then paralysis. There is nothing in the character of the chill, the fever or the convulsions, to lead one to suspect that the spinal cord is the seat of the disease. One can only locate it when the resultant phenomena—paralysis—have been found.

This form of inflammation of the spinal cord does not affect the bladder or the rectum. This patient has no discomfort about the chest or head. The disease is limited to the anterior horn of the cord in the lumbar enlargement. The territory involved in this pathological process is small. You see a striking difference in the symptomatology from the cases we showed you on a previous occasion, two cases of locomotor ataxia, paralysis agitans, and one of paraplegia. The striking symptoms of the disease under consideration are paralysis, wasting of the lower extremities, a low temperature of paralyzed limbs, and the absence of sensory disturbance. You see also vaso-motor disturbance manifested in both of these limbs; they are swollen, showing impairment in the circulation of the limbs. That comes from the vaso-motor disturbance that accompanies the

disease and which accounts also for the depressed temperature of the limbs.

Pseudo-Hypertrophic Paralysis.

The next patient to which I call your attention is a bright sprightly little girl, æt. 5 years. She has never walked. Notice the peculiar position of her body when she tries to stand or move forward. She tries to walk on her toes; she throws one foot in front of the other, and makes her progression on the toes. There is but little movement, and it is not made by bringing the foot down flat, but by walking on the toes, throwing her head and chest away beyond the center of gravity. She has some power of movement in the sitting posture, but it is much impaired. Touch sense, temperature-sense and pain-sense are normal.

There is one point to which I desire to call your attention in particular, and that is the condition of the thigh-muscles as compared with the calf muscles. There is an enormous development of the calf muscles. The tissues in the calf of the leg are hard and dense to the sense of touch. Notice the great overgrowth of tissue in the thigh. We have an overgrowth of the thigh muscles, and just how much they are overgrown in comparison to what they ought to be as compared with the muscular structure generally, we can not definitely determine. What calf muscles she has are almost as hard as gristle. So far as the thigh-muscles are concerned they are hypertrophied, but it is not a hypertrophy with increased muscular power; there is loss of power; the tissues in her thighs and calves cannot possibly be proper muscular tissue. It does not perform the functions of muscular tissue, and it has a degree of density to the touch that does not belong to normal muscular tissue. The hypertrophy can not be due to overgrowth of muscular structure. Some change has taken place in the proper structure of the muscles; it is, in short, pseudo-hypertrophy, making this a case of pseudo-hypertrophic paralysis. The disease in this, as in the other cases, is located in the anterior horns of the cord. It differs from the other case. The patient with poliomyelitis anterior acuta, who was just before you, up to the time of her fever and convulsions, had no impairment of power of the limbs. The acute process in her case came on suddenly. The trouble of this child has been going on since its early history. When the disease commenced we do not know. The early history is defective. We have here a chronic process. The trophic centers that are concerned in producing atrophy or impairment of function not only produce atrophy of muscular tissue, but a growth of adipose tissue sometimes instead of muscular tissue proper. Why this should be has never been satisfactorily explained.

This child was before the class last winter, and has made some improvement since that time. She is receiving now, and has been during the year, the constant galvanic current as strong as could be borne—a current of sufficient strength to produce muscular contractions—together with cod liver oil, small doses of strychnia and massage, and with this line of treatment judiciously carried out, he has improved. If the muscles will respond to a current that the patient can tolerate, there is hope of restoration, and the treatment should be persisted in for months, and even years, if necessary. Just as long as the muscles will respond to a galvanic current there is hope of improving their nutrition and of restoring their power. Occasionally such cases recover.

PROGRESS IN SURGERY DURING 1889.

BY H. G. HARVEY, A.M., M.D., ST. LOUIS.

The *British Medical Journal*, December 28, 1889, gives a retrospect of surgical progress during the year 1889, of which here is an epitome:

Antiseptic Surgery.—Sir Joseph Lister has discovered in a double cyanide of mercury and zinc a substance possessing very important antiseptic properties. There is good reason for believing that in the course of 1890 surgeons will have at their disposal a thoroughly antiseptic agent free from the inconvenient and troublesome effects of those hitherto in use.

The practice of drainage in operation wounds has lately been opposed by Professor Boeckel, of Strassburg, as erroneous and absurd. His success, which he urges as a reason for his views, may however be accounted for by his practice of rigid antiseptic precautions. On the other hand Prof. Weeks, of Maine, holds that the use of drainage tubes is more necessary with antiseptic than with other forms of dressing, since the stimulating influence of antiseptics causes increased effusion.

Cerebral Surgery.—The operative treatment of tumor of the brain does not seem to have established any further claims to surgical favor. The majority of cases recorded tend to confirm the view that no other department of medical practice more severely taxes the resources of the diagnostician. The results, in cases of cranial lesions and of cerebral abscess, of trephining under antiseptic conditions have been very good, and we may anticipate that, with improved diagnosis and a more careful selection of cases, surgery for tumor of the brain will soon be equally successful.

Mr. Walter G. Spencer and Professor Victor Horsley argue on anatomical, pathological and experimental grounds that digital compression, and, under favorable conditions, temporary ligature of the common carotid, would likely be beneficial in arresting or controlling hæmorrhage from the middle cerebral artery and its branches in an early stage of apoplexy. Dr. Claye Shaw suggests the advisability of early operative interference in general paralysis in order to allow the brain to relieve itself of the increased arterial tension which is one of the early conditions in general paralysis. The efficacy of surgical treatment in cases of traumatic epilepsy still remains uncertain. The primary results are often encouraging but there is liable to be a return of the convulsive attacks in a few months.

Spinal Surgery.—Since 1887 but little has been added to our experience of surgical treatment of tumors in this region. Laminectomy in cases of spinal caries and of old fracture has of late been frequently done with good results. It is also advocated by Dr. Willord, of Philadelphia, for pressure-paralysis from angular curvature, and successful cases have been reported. The operative treatment of injuries and diseases of the spinal column and its contents has of late attracted much attention and a rapid advance has been made in this branch of surgery.

Thoracic Surgery.—But few instances have been recorded this year of successful surgical intervention in the treatment of pulmonary affections.

Abdominal Surgery.—Loreta's operation of digital divulsion of the pylorus for cicatricial stenosis has late ly received much attention from surgeons of the United States. Dr. Barton, of Philadelphia, in addition to a successful case of his own, has collected a table of twenty-four others, showing fifteen recoveries and ten deaths. Published records show that the tendency to relapse of the stenosis is not so great as would be expected. Extirpation of the cæcum may be added to the list of formidable abdominal operations. The cæcum, with the adjacent pieces of small intestine and colon, has been removed in three cases in Italy—twice successful, once fatal by Durante, Bassini and Trombetta. Dr. Senn, of Milwaukee, has made an important contribution to abdominal surgery in what is known as *intestinal anastomosis* for restoring the gastro-intestinal canal after obstruction or division of continuity. As the bone plates devised by Senn may not be always at hand Dr. Abbe, of New York, has used with good results rings of stiffened and aseptic catgut. Dr. Brokaw, of St. Louis, thinks he has improved on these "by forming his rings of unperforated drainage tubing stiffened by strings of dried catgut." There is a tendency to resort to laparotomy simply as an exploratory or tentative measure.

Hepatic Surgery.—Little has been done to assist in arriving at definite conclusions on the operative treatment of affections of the gall bladder. Cholecystotomy is advocated by Mr. Knowsley Thornton with a series of cases; he would not hesitate to perform this operation in any instance in which the gall bladder is much damaged, or in which it is impossible to return it effectually to the abdominal wound." Dr. Mears, of Philadelphia, has recently recorded a remarkable case [see Weekly Medical Review.] Dr. Davies Thomas, of Adelaide, shows by statistics that abdominal section for hydatid of the liver is much preferable to tapping.

Splenectomy.—In July Sir Spencer Wells reported another case of successful splenectomy. The interest is enhanced by a microscopical examination of the blood one year after the operation; it was quite normal, the corpuscles being normal in size and appearance, and the leucocytes normal in number.

Renal Surgery.—There was an interesting discussion on this subject in 1889 opened by Mr. H. Morris [see Weekly Medical Review, February 1, 1890.] There have been arguments *pro* and *con* on lumbar nephrectomy. Professor Socin, of Bolse, has recorded the successful removal of one half of a horseshoe kidney affected with hydronephrosis; the patient was in excellent health four months later.

Surgey of the Urinary Organs.—The value of suprapubic cystotomy as a convenient and safe method of removing calculus, morbid growth or foreign body, has been confirmed during the year. Suprapubic prostatectomy for enlarged prostate has made the greatest advance in this branch of surgery in the past year, it having been but little practiced before. Although the results have in many cases been very good its general adoption remains doubtful.

Operations on the Larynx.—The operative treatment of cancer of the larynx has been the subject of numerous papers. Partial and complete laryngectomy are followed by return of cancer; which is preferable is still *sub judice*. Dr. Guyer, of Zurich, strongly recommends intubation in diphtheria. Of twenty seven cases suffering acute obstruction, so treated, thirteen ended in recovery.

Grafting.—Nerves, tendons and mucous membranes have been successfully grafted. Dr. Gradenigo, of Padua, is stated to have transplanted, with good results, the cornea of the hen into the human eye. Large intractable ulcers of the legs have been closed by Thiersch's method of transplanting long strips of skin.

THE GRIPPE.

A poem in two spasms and a convulsion, by Nedgar Allan Po, M. D.

Speak! O lovely Ann Eliza, with a terrible coryza,
And a wheezing respiration, full of sighs and husky moans;
With a constant lachrymation, and a nasal intonation,
From catarrhal inflammation o'er the turbinated bones.

Why! Thou young and happy maiden, is thy conversation laden
With a copious addition of abortive b's and d's?
And from whence did you derive a red and swollen conjunctiva,
And a frequent inclination to incontinently sneeze?

If this malady outrageous, which you suffer, is contagious,
Epidemic or endemic (?)—tell me whence the thing arose!
Where its place of incubation, what its future destination?
Spoke the lovely Ann Eliza, smiling sweetly, "No one nose."

—*Medical Brief.*

The *National Magazine* for March will contain the continuation of an interesting article by Professor Schele de Vere of the University of Virginia, entitled "How we Write," giving many curious historical facts. Rev. J. C. Quinn, LL. D., will contribute Biblical Literature." F. W. Harkins, Chancellor of the National University of Chicago, will describe the working of the "National Circulating Library" of 20,000 volums and the new non-resident courses of study of the University. A timely article on the University Extension System of England is by Rev C. C. Willett, Ph. B. The ladies will be particularly interested in the new Woman's Institute on an unique plan, described in this number. Published the first of each month at 147 Throop St., Chicago. Ill. Sample copy, 10 cents.

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

Communications relating to the literary part of this journal should be addressed to the editor, at 1006 Olive Street.

Communications relating to subscriptions and advertisements should be addressed to J. H. CHAMBERS, 914 Locust Street.

Original Articles, Reports of Cases, Correspondence, etc., relating to interesting medical topics, are cordially invited.

Twenty-five extra copies will be furnished free to the author of each original article.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, MARCH 1, 1890.

THE FAMILY TREATMENT OF THE CHRONIC INSANE.

An experiment is now being made in Massachusetts in the treatment of the chronic and harmless insane, which is of the greatest interest, not only from a probable lessening of the burden on the community from this source, but over and above this the advantages to the patient himself which this plan of treatment seems to promise. It consists simply in the individual boarding-out of such patients in private families, which must not be too near together. A brief resume of the subject is given by Philip Coombs Knapp, A.M., M.D., in an article published in the *Boston Med. and Surg. Jour.*, which presents the merits of the system in an impartial manner. This system, though comparatively new and but little known in this country, has received more attention abroad, and with fairly successful results.

It seems that this plan of caring for the insane was first attempted in Scotland in 1857, and more from economic motives, as a means of relief to obviate the necessity of erecting a new asylum, than as a change in the treatment of the insane. At present 22.8% of the whole number of the insane are so treated, and the system has been successfully adopted and carried out in Germany, at Bremen, Ilten, Buntzlau, and other places. The percentage of cures and the mortality rates among patients provided for in this way are both lower than in those who are treated in asylums, etc.; but it would be fallacious to base any argument against the system on the fact that the percentage of cures is a low one, for the reason that the majority of cases are selected from the harmless, demented class, who are chronic and incurable. The patient's mental condition, however, often undergoes a marked change; his feeble intellect is stimulated by the change of surroundings, the freedom, social excitement, and opportunity for a regular occupation which this brings. Patients are sometimes aroused from hopeless dementia to a state of comparative intelligence, just the reverse of the change which usually takes place when such patients are transferred to almshouses. Concrete instances of great improvement are noted in patients who had not received the least benefit from a stay in an asylum, but improved markedly after the change.

The cost of boarding out is much less than that of asylum treatment, but is as yet greater than that of maintenance in an almshouse, so far as may be judged by the report of the Massachusetts State Board of Lunacy and Charity. There is in this system an advantage for private patients whose family can afford to pay only a small sum weekly for their maintenance.

With judicious laws and a careful supervision, the boarding-out method of treatment of the harmless insane should be an immense improvement over the asylum and poorhouse system, but its slight increase of expense as compared with the latter will not recommend its adoption to those authorities whose first thought is ever and always of money.

Dr. Knapp states that this method has won the support of all the Scotch, and a number of the most prominent English alienists; numerous German observers have noted its success in that country, and Fere is urging its introduction in France. Many of the objections to this method of providing for the insane are urged by asylum superintendents unfamiliar with its workings, who see nothing but failures of the system in the return to the asylum of improperly selected cases.

TOBACCO AMBLYOPIA.

The subject of tobacco amblyopia, the existence of which is denied by many physicians, is well treated by Leartus Connor, M.D., in a paper read before the American Medical Association, and published in the *Journal*. He believes that there is an amblyopia due entirely to the abuse of tobacco, and accords alcohol only a minor share in its causation. In support of this he cites two cases from his own practice of tobacco amblyopia occurring in teetotalers, in which the stoppage of tobacco and other appropriate treatment was followed by a more or less rapid recovery. In addition to these he has collected from various sources twenty-seven cases substantially the same as his own, thus having a list of twenty-nine cases of central amblyopia occurring in non-users of alcohol, many of which recovered entirely on the diminution or complete stoppage of the use of tobacco. He has seen but one case of amblyopia in a drinker of alcohol who did not use tobacco, and in this case the amblyopia was neither central nor regular in the two eyes. In the literature at his disposal he has not seen a single authentic case of alcoholic amblyopia recorded.

The majority of cases of central amblyopia, however,

occur in those who use both alcohol and tobacco to excess, and of such he has collected the records of 700 cases, but while many ophthalmologists hold that central amblyopia is induced by the combined action of these two drugs, yet in these mixed cases recovery has followed abstinence from tobacco while the intemperate use of alcohol has been allowed to continue. Those cases of central amblyopia occurring in diabetics who smoke, he regards as cases of true tobacco amblyopia, the diabetes acting merely as a predisposing cause, just as bad or insufficient food or long continued mental disturbance would act. The disease also occurs in women, but with much less frequency than in men; this is due to the fact that so few women use tobacco to any extent, for central amblyopia is found only in such cases.

The treatment of these cases is comparatively simple, consisting in the withholding of tobacco, with, in certain patients, the administration of strychnia and the iodide of potassium, and in addition, attention to the general health and hygienic surroundings. The earlier the case is seen the better the prognosis will be.

His views are summed up as follows: Tobacco has an especial affinity for a central tract in the optic nerves, and may induce central amblyopia. No other single agent has been shown to induce central amblyopia symmetrical in both eyes, in strictly non-users of tobacco. Some special condition or conditions are required to precipitate an attack, as abuse of alcohol, diabetes, excessive venery, starvation, mental shock, distress, etc. Some individuals seem to have a special tendency to optic nerve degeneration, and to these the use of tobacco is especially injurious. Clinically, central amblyopia is recognized by its sudden development, by the existence of central scotoma for color in both eyes without limitation of the fields of vision, by the absence of any defect of refraction or recognizable lesion to account for the sudden blindness, and by its occurrence only in tobacco smokers. Pathologically, at least during its earlier stages, it consists of an anæmia of the central portions of the optic nerves. Possibly this may, after a longer or a shorter time, induce organic disease, but this has not yet been shown in a case of pure tobacco amblyopia.

Laparotomy in General Peritonitis.

In the Review of December 28, was published an abstract of a paper by Dr. B. E. Hadra, of Galveston, Texas, on the open abdominal treatment of diffuse peritonitis, in which he advocates full exposure of the cavity by a large incision, so as to permit of the frequent cleansing and the retention of the bowels on the outside to such an extent as is necessary, of course under proper precautions, and only so long as the case requires it. The abdomen is afterwards to be closed by secondary sutures.

The practicability of this was demonstrated by one imperfect trial on a man and several satisfactory ones on animals. This extreme procedure, while intended only for the severest forms of septic peritonitis, must have seemed indeed rash and hopeless to many of those who observed the article, and yet there can be but little doubt that it is the treatment of the future, possibly not of the near future, but still the coming treatment. While the operation to the extent indicated will doubtless be one of rare performance, the principles involved in it should be observed and should guide treatment to the measure demanded in each individual case, according to its severity. The trend of advanced surgical thought is, in the direction of operative interference, with the understanding that the earlier it is instituted the more favorable the prognosis will be. While this is true theoretically speaking, in actual practice the indications for operation are, as a rule, overlooked, or they pass by unheeded until it is too late; then, should surgery be allowed to step in, the chances for a successful result are greatly diminished, and the unsuccessful result is allowed to reflect upon the operative treatment pursued.

For this reason it is refreshing to note two cases of general peritonitis successfully treated by free incisions, irrigation, and drainage. The cases are those of Dr. W. Gill Wylie, of New York, and are reported in detail in the *Med. Rec.* The first case was one of a typhlitic abscess which burst into the general peritoneal cavity. On opening the abdomen in the median line, which was done within six or seven hours, after the first symptoms of general peritonitis appeared, a quantity of purulent serum and lymph flakes gushed out. Another opening was made in the abdominal wall over the appendix vermiformis, where a collapsed abscess sac had been felt with the finger in the cavity. The cavity was washed out several times, and then the adherent intestines were separated with the finger, revealing several puddles of pus among the intestines which the washing had not reached. The adhesions about the appendix were not disturbed, as there was no escape of gas or fæcal matter but the pus-sac was freely opened. Drainage was maintained for eight days. On the sixth day the patient rose up in bed and burst the median incision, the intestines escaping under the dressings, but they were replaced and the wound sewed up, recovery following in due time.

The second case was one of intestinal perforation of the cæcum, and was operated upon within seventy-two hours after fæces had escaped into the peritoneal cavity. There was complete intestinal obstruction, and the characteristic spinach-green vomit. On opening the peritoneum an abundant purulent serum poured out as soon as the adhesions of lymph were broken up with the finger. Around the cæcum the adhesions were more abundant and the pus had a decided fæcal odor. Another opening was made over the cæcum, and the abdominal cavity well washed out, the adhesions being thoroughly broken up everywhere about the cæcum. The point of perforation was sealed over with lymph, and was not disturbed. Drainage was kept up for several days, the dis-

charge being free, and having a fæcal odor. The lateral incision was allowed to close as an open wound, the patient leaving the hospital in five weaks. The chief thing demonstrated by these cases is the value of early operations.

Piracy Amongst Medical Journals.

From time to time we notice in our exchanges woeful plaints of the unfeeling conduct of other exchanges in appropriating original thoughts and *bon mots* without giving proper credit—or even any credit. A species of the same sort of piracy, which is of a milder degree, however, is that of taking translations, appending the name of the foreign journal but giving no credit to the translator. Attention has also been drawn to this, we believe, by the *Med. and Surg. Reporter*. The Review has bowed in humble submission to the custom of the country, that is, it has bowed so long as the number of such appropriations was limited to one steal an issue; but when it comes to taking our translations bodily and by the wholesale, we are constrained to add our voice to swell the growing murmur against such a form of peculation.

Without mentioning the name of a neighboring journal to the East of us—not very far East, nor very widely removed from Hoosierdom—we would mildly suggest that it keep within the prescribed limits of one "appropriation" for each issue; the contemplation of *three* on one page is calculated to ruffle the equanimity of even the most amiable of writers, such as the col laborators of the Review are.

MEDICAL ITEMS.

A Medical College for Colored Students has recently been organized at New Orleans, in connection with the New Orleans University.

The College Yell of the Homœopathic students of New York is spelled as follows: "Rah! Rah! Sim, Foom, Ah! Similia—Similibus! Cu-ran-tur!

Puerperal Fever in a Lying-In Hospital.—The Philadelphia Lying-in Charity has been compelled to close its doors on account of an outbreak of malignant puerperal fever.

Ichthyol in Orchitis.—Dr. Branch Clark, in the *N. Y. Med. Jour.*, recommends a 25% ointment of ammonium sulphichthyolate, preferably with lanolin as a basis, in orchitis and epididymitis, as well as in erysipelas, eczema and scabies.

Curious Progressiveness of a Little German Town.—The authorities at Nordhausen, in Saxony, at the suggestion of the district medical officer, have issued an order to barbers to disinfect their brushes and other implements immediately after use and before they are applied to the hair or beard of another customer.

Missouri State Medical Association.—The date set for the State Association meeting, May 20, conflicts decidedly with that for the American Medical, and will therefore have to be changed, as many of the profession will wish to attend both meetings. The sooner the change is decided upon, the better.

American Medical Association.—Remember the date of the meeting at Nashville is not far off—May 20-23, inclusive. It is said that the Committtee on Transportation has made satisfactory arrangements with the railroads for reduced rates, so that the trouble that was experienced in this respect last year will not be repeated this time.

Dangerous Hypnotics.—Liebreich, says the *Med. Record*, asserts that the new hypnotic somnal is neither safe nor efficacious. Dr. Marandon de Monthyel has published observations unfavorable to sulphonal, asserting that it is uncertain and may have dangerous cumulative effects. His views are supported by Professor Mairet, and by Drs. Jastrowitz and Knoblauch. Nevertheless, few serious results have in reality been observed.

Sodium Salicylate in Febrile Tuberculosis.—Professor Jaccoud, of Paris, considers the salicylate of soda as the best antipyretic in febrile tuberculosis, given in a maximum dose of two grammes in twenty-four hours. A daily dose of one gramme may be continued for a long time, taking the precaution to give the patient a large quantity of water after each dose. In the light of present facts he considers it inadmissible to give the sulphate of quinine in these cases.—*J. A. M. A.*

To Clear Waste Pipes.—A retired plumber thus gives a point for the gratuitous relief of householders: "Just before retiring at night, pour into the clogged pipe enough liquid soda lye to fill the 'trap' or bent part of the pipe. Be sure that no water runs in it until the next morning. During the night the lye will convert all the offal into soft soap, and the first current of water in the morning will wash it away and clear the pipe clean as new."

A Miracle Worker.—The *Post-Dispatch* of this city devotes a column and a half to a very entertaining account of an interview with and a description of the methods practiced by a "Dr." Bradley, a recent arrival in this city, who claims that Christ came to him in a vision and commanded him to heal the sick, and that with a touch of the hand he can make the sick well. There is no apparent limit to the number of diseases

which he says he can cure. The fellow has not even the apology of being insane, for if one may judge by the newspaper account he is simply an ordinary swindler employing the crudest methods. The Health Department receives an incidental fling in the statement that "'Dr.' Bradley is not registered and has no right to practice medicine in the city of St. Louis, but the health authorities have not interfered with him, though circulars have been spread broadcast."

Barmenite is the name given to a new compound consisting chiefly of chloroborate of sodium, and used for preserving food. The German government, says the *Therapeutic Gazette*, is taking particular interest in barmenite. Recently, for the sake of a trial, a whole battalion of the Sixty-fifty Regiment, in Cologne, was fed with meat which eight days previously had been treated with barmenite. The meat was found to be excellent both in taste and appearance.

The Fate of the Doctor Who Trusted to a Telephone.—The *North American Practitioner* tells of a doctor in a neighboring State who was called one rainy night to attend a case of croup. Not wishing to get wet, he directed the child to be held to the telephone (so the story goes), and, hearing it cough, corroborated the diagnosis and gave directions for treatment. He then returned to bed, and on calling the next morning found the child doing well—under the care of another physician.

For Rheumatic Pains and Sciatica.—The *Times and Register* gives the recipe of a French quack which has been used with great success in rheumatic pains:

℞ Sulphuric acid, - - gramme, 1.
Adipis. præp., - - grammes, 7.—M.

Great care must be taken in mixing, owing to the difference in density of the two bodies.

In quite easy rubbing with this mixture it brings about redness of the skin very rapidly, and acts as an excellent revulsive. In sciatica, rubbed along the course of the nerve it gives rapid relief.

Isolation of Consumptives.—Dr. P. H. Kretzschmar, of Brooklyn, in the course of a paper on this subject, (*N.Y. Med. Jour.*) said that careful consideration had strengthened his former opinion as to the non-feasibility, cruelty and absurdity of any attempt to carry into practical effect the teachings of those who advocated isolation of consumptives for the purpose of diminishing or destroying the danger of infection, although it was admitted that, theoretically, the isolation of all consumptives would do much to lessen the quantity of tubercle bacilli floating in the air, and thereby the danger of infection.

To Take the Place of Hard Cider.—A peculiar result of the drinking of ice-cold water from a spring in Stonington, Conn., is reported. The water flows from a crack in a high rock, and the veins of a man who drinks from it begin to swell, and he looks and feels as though he were about to burst for the next ten minutes. The swelling gradually subsides and no serious effect is felt, except a slight buzzing in the ears. It is the talk of the neighborhood, and everybody is eager to try the effect of the water. A specimen has been sent to Boston for analysis.

The St. Louis Medical College Alumni Association.—The Alumni Association of the St. Louis Medical College held its last regular meeting on Wednesday evening, February 19, at the College building. Professor Francis E. Nipher of Washington University, delivered an address of unusual interest to physicians, on the application of electric lighting circuits to medical uses, after which a lunch was served. The association has decided not to have its usual formal banquet this year, at its annual meeting in March, but has left the arrangements in the hands of the executive committee.

Virginia Hens That Practice Dentistry.—Virginia is thus far the only known State which boasts of hen dentists. Some time since the *Page County Courier* published an account of a hen there angrily flying at a farmer and pulling out one of his teeth. George E. Heath, who lives in Hanover County, a short distance from Ashland, was in the city to day. He states that on Saturday morning he went to his hennery and attempted to take a hen off her roost, when she flew in his face, picked him in his mouth, and took out a tooth which had been troubling Mr. Heath for some time, and which he intended having extracted. This is the second hen dentist in Virginia.—*Norfolk Landmark.*

CORRESPONDENCE.

PARIS LETTER.

Hotel des Winester, Paris, Sept. 13, 1889.

Editor Review.—I visited this morning the old Charite Hospital, and am much indebted to Dr. Wm. C. Homely, an interne from Cuba, for special courtesies, he having conducted me through the different wards and introduced me to several of the leading physicians of La Charite. Through his courtesy I heard, in the amphitheater, an interesting lecture, delivered in a pleasing and impressive manner, on the surgery of tumors, by Prof. Segond, who takes Prof. Traillet's place as surgeon in charge of the Sallae de Gosselin during his vacation.

In the room of the hypnotique, Salle Louis ward of Prof. Lays, I saw a number of interesting illustrations of hypnotic sleep and hypnotic-suggestion. The experiments, in the absence of Prof. Lays, were ably conducted by Dr. de Grandchamp, ancien interne des hop-

itaux de Paris, in a most interesting and satisfactory manner, one of the hypnotized being a real African woman, not long from her native country.

Hypnotism is employed here for therapeutic purposes to some extent. One of the hypnotized was being prepared for an approaching painless confinement; another, an epileptic, had been violent and attempted murder; another has angina pectoris, another epilepsy, another chorea, etc.; and a young man who could be thrown instantaneously into the hypnotic state could be made to do anything, laugh, sing, talk and strike attitudes at Dr. Grandchamp's suggestion and touch on particular facial areas, and the sight of different colored gilded balls produced peculiar effects—red, agreeable; yellow, especially agreeable impressions, so that he would clutch violently at the balls, while blue would produce aversion.

The instrument by which hypnotic sleep is induced is a revolving rod with plain and colored bright spots, generally of mirror glass.

The Sisters of Charity have all disappeared from the hospital, and citizen nurses have taken their place. The names of the salles or wards have all been changed from those of special saints to those of the distinguished dead, mostly the immortal names in French medicine, except the accouchement ward, which was called St. Mary's ward, though history does not record that she ever had an accouchement. Following are the names in illustration: Bouillaud, Piorry, Rayer, Briquet, Laennec, Frere Come, Corvisart, Cruveilher, Louis, Andral, Vulpian, Beau, N. Guyot, Velpeau, Gosselin, Boyer, J. L. Petit, Accouchement.

On either side of the portico to the hospital are placarded the following words:

Hopital de la Charite. Consultation gratuites pour les Femmes Enciente tous les jours, a 9 hr. du matin.

Medecine et Chirurgie tous les jours, de 8 hr. a 10 hr. du matin.

Maladies des Dents. Consultation et traitement gratuites. Consultation pour les Dents le Vendredi a 9½ hr.

Over all the talismanic words, as over every public building, and on the churches, "Liberte, egalite, fraternite." And underneath and sometimes over these almost sacred words upon the finest public buildings and the grandest and most historic monuments may be seen bills innumerable posted, announcing the condition of this or that particular political personage, and personal announcements of other kinds, in some places even where the warning appears: "Defense d'afficher," "stick no bills."

But the most unique notice to an American is such a one as the following, which appears on either side of the doorway of the Hopital de la Charite, as well as near the entrance to certain stalls or booths at the exposition, "Defense d' uriner." And sometimes, as before la Charite, the additional reminder, "Sous Paine d' Amende."

Another thing that strikes Americans as peculiar is the number, and prominence given to them, of public urinals for men, as in the roadway of the Champs Elysee and at the entrances to the Exposition, which do not conceal the head or legs of the person, or what he is doing.

In this hospital, in the maternity wards, I found a number of couverses, some of a very improved pattern, in practical use. Some five and six and seven months' fœtuses were doing well.

An American accustomed to the convenient mail-box at almost every lamp post in a large city, misses the convenience, especially in the large cities of the continent. There are none in Paris or London, and one has to look a long time to find a place to deposit his letter unless he give it to the hotel porter. The post boxes are much more numerous in Berlin than in Paris. They are to be found there attached to the sides of the houses, and there is always a post office in the immediate vicinity. The American plan, as in so many other instances when compared with something similar in Europe, is far more convenient and expeditious.

The French sense of public propriety is quite different in some regards from that of an American, as shown by the prominent and conspicuous places given to their cabinets d' aisances, and some French at least display a sort of canine indelicacy in the use of public urinals in conspicuous places, and I have even seen soldiers and citizens simply turn their face to the wall of a public building in open midday, on as public a street as the rue Grene lles.

CHARLES H. HUGHES.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated meeting, Saturday evening, January 18, 1890, the Vice President, Dr. F. D. MOONEY, in the Chair, Dr. ELLSWORTH S. SMITH, Secretary pro tem.

DR. G. W. BROOME read a paper (see p. 163) on

AMPUTATION OF THE SCROTUM FOR SEXUAL DISORDERS.

DR. LAIDLEY.—I have listened with some interest to the paper of Dr. Broome, as I have had some experience with this operation, and I can certainly commend it so far as its results are concerned. I can also testify to the dangers attending the operation unless precautions are employed—the use of the clamp, and especially in stitching the dartos to the skin at the time the parts are united by sutures. My first experience was with a gentleman who had read up on the subject because he had become a monomaniac, and he had read everything on the subject. I suggested ligation, which was one of the practices such men as Keyes and other authorities have recommended, although in many instances it was done with negative results as far as good was concerned in the cases, but this gentleman had studied the subject for himself and came to me to have

this operation done, and would be satisfied with nothing else. I made the operation, using the clamp which Dr. Broome has presented. Immediately after the parts had been united, not stitching the dartos to the skin as thoroughly as we should, I suppose, there was the most extravagant hæmorrhage that I ever saw in my life. If I had not had confidence in nature controlling the hæmorrhage, I should have thought that the patient would bleed to death. The depot of blood was larger than my double fist; it formed in the scrotum and it entered into the tissues of the surrounding parts so that we had a black mass even up along the abdomen. It certainly was alarming to the patient, and as it was my first experience with the operation I was somewhat disgusted with it. After a time I cleaned out the blood from the parts altogether, and by the application of a styptic, the hæmorrhage ceased and union took place in due time. The most prominent features of the symptomatology was a train of nervous symptoms, such as ringing in the ears, etc. Moreover, he had had no desire for the society of ladies, was morbid in every sense and sensibility, and life had almost become a burden to him. The result of the operation was to give the testicles the proper support, to enable the blood vessels to empty themselves, and in a few months there was a marked improvement. He has gained several pounds of flesh and his nervous symptoms have disappeared, and no other operation that I have made on such a case has given the same result as in this case. The second case was that of a gentleman who consulted me with a very similar state of things as in the first case; he was in very much the same morbid state of mind, and although he had intended to get married in the near future, he thought he would be unable to perform his duties. He was almost ready to break off the engagement. He consulted me and I told him I had no doubt it was due to the varicose veins; an operation was made; all necessary precautions were taken, the hæmorrhage was thoroughly controlled. I left the clamp on longer and we had a little exfoliation of the skin; it did not amount to much, however. Union took place by first intention, and although it is but a short time ago, this man has improved in flesh, his mind is at rest, and he has overcome to a certain degree the mental trouble from which he had been suffering. I must say that I have not seen the same positive results in the same length of time following the operation of ligation. I believe this is the best mode of treating these cases, and I do verily believe it is not only effectual for the time being, but I have reason to believe, from the literature on the subject which I have seen, that the result will be permanent.

Dr. Hughes.—Every neurologist has had more or less experience with the class of cases known as sexual hypochondriacs—men who believe that they have either too much or too little sexual machinery. Some are of the opinion that they have an overplus of power, and others troubled by a minus quantity of sexual capacity. I think the most effectual operation would be an operation performed higher up—high enough up to cut off the communication of the cerebrum with the sexual machinery. I call to mind a number of these cases. I recollect one gentleman particularly—a robust, vigorous enough gentleman, and sexually well qualified, who believed that he was incompetent, although his competency had been fully proven on more than one occasion to my knowledge, and was a matter of record, but he believed that he was incompetent, and his incompetency was all attributed to an unfortunate redundancy of his scrotum. It was not difficult in his case, and it is not difficult in any case, for gentlemen to overcome a redundancy of scrotum by electrical irritation of the genito-urinary reflex center, and causing scrotal retraction, and producing a condition of contraction without using the knife. But this gentleman seemed to have conceived the idea that he had a superfluity of scrotum because his testicles were pendant. Well, gentlemen, if every man whose testicles are pendant comes to the conclusion that he has a redundancy of scrotum and consults an accommodating surgeon who coincides in his opinion, and his scrotum when it is redundant is subjected to the clamp and to the knife, I apprehend that there would be very few of these sexual hypochondriacs but would sooner or later be divested of their redundant scrotums by surgical procedure. We have just gotten through with the gynæcologists; they have just begun now to recant the errors of the last twenty or thirty years. Fortunately for women, the recantations of the gynæcologists have come timely to the rescue. Emmett tells us in a very satisfactory and conclusive communication in the *N. Y. Med. Rec.* of last week, that this procedure of extirpating the ovaries of women for neurological difficulties has been a mistake, and Dr. Goodell also comes with another timely recantation, telling us of neural diseases that are counterfeits of gynæcological disease. Gentlemen, they never were counterfeits of gyæcological disease. The gynæcologists were mistaken in their diagnosis, classing as gynæcological diseases affections which had no right to be so categoried. It is never too late to mend, and better late than never. This recantation of the errors of the past on the part of gynæcologists is a matter of congratulation. Since Recamier invented the speculum, a really good instrument which made of gynæcology a science—and brought it into use, what rivers of blood have flown, what useless, needless and mistaken sacrifices have been made in the genito-urinary apparatus of women, based upon specular examination. How long has it been since the craze of Baker Brown subsided? Now no one thinks of unsexing a woman by extirpating her clitoris for the simplest and smallest neurological affection. Passing from that they went to the ovaries and extirpated them, proposing to depopulate the asylums of the country by oophorectomy. They promised that insanity and epilepsy should not return, and you know that in this hall an operation was proposed for the removal of a congested ovary for hystero-epilepsy, so-called, which was not hystero-epilepsy at

all, and which did not have its origin in the congested ovary if it had been a hystero epilepsy.

I have no objection to the operation if done for good surgical reasons. I have no objection if gentlemen think that compression is not sufficient—if mechanical or other forms of compression are inadequate in case of varicocele, and if they reach the conclusion and are sure that varicocele exists that produces impotency, I have no objection to the operation for such surgical reasons—if the gentlemen are absolutely correct. But I do not subscribe to the theory that a redundant scrotum has anything to do with impotency, and I think that if we jump at conclusions of that kind our surgeons will commit just as grave an error in advising that their patients should resort to this procedure as the gynæcologists have done in regard to other operations of greater magnitude. It does not do to jump at conclusions in medicine or surgery; it is better to look around the patient and take in his environments, and take in the whole man, and not conclude because we find a man hypochondriacal, because we find a man melancholy, because we find a man habitually subject to the blues; because he has insomnia, because he has a train of nervous symptoms, and associated with these things is a relaxed scrotum, that the scrotum is the cause of the nervous symptoms. Of course the scrotum is relaxed—you will find scrotums relaxed and elongated, Mr. Chairman, under those circumstances. But I say because we find the scrotum relaxed in such a case, we should not conclude that the relaxed scrotum is the cause of the whole train of nervous symptoms and ought to be removed in order to remove the symptoms. The surgeon who comes to this conclusion and advises the operation, will fall into the same error that the gynæcologists have so often fallen into concerning the advisability of öophorectomy, from which we are now having a fortunate reaction.

Dr. Laidley.—I thought I made myself plain as regards the reason for this operation. If I did not so state I should have stated that I was not treating a redundant scrotum. This gentleman did not get any relief from Dr. Hughes' electric battery after a fair trial, giving him plenty of time. The man claims he is cured at the present time; he is satisfied with the result, and I certainly am.

Dr. Fairbrother.—The same thought occurred to me a year ago in a case which Dr. Prewitt saw with me, and he recommended that we snip off a portion of the scrotum as it was redundant, and the patient himself favored the abbreviation of the scrotum, and if I remember right, Dr. Prewitt then made some remark to me on that subject, favoring the idea of reducing the length of the scrotum in such cases where it was too long. It is not only the general atonic condition which makes it appear too long, but there are individual cases where the shortening of it would be a great physical advantage to the person. Now with regard to the point of its effect upon hypochondria, its effect on sexual feeling or ability, I have no knowledge or experience, but I favor the idea and have acted upon it, of reducing the length of the scrotum when the scrotum became damaged by sloughing or injury, or otherwise, where I thought the scrotum was longer than necessary. There is no part of the body that heals so favorably as the scrotum. I have no hesitation in cutting off any amount of the scrotum, and I was surprised at the accident and misfortune in the case related by Dr. Laidley—with regard to hæmorrhage. I never have had any such experience. I have seen the scrotum laid off from both testicles, exposing them entirely, and have not met with any troublesome hæmorrhage. I would not hesitate to perform the operation even without a clamp. I would be glad if the investigation could be carried on in that direction and records made of the cases. They might throw some light on that important, troublesome condition which is so hard to remedy, sexual hypochondria.

Dr. McPheeters:—I have had some experience in this matter, and while I agree with Dr. Huges in what he said about the wholesale removal of the clitoris and ovaries, while it is true that gynæcologists have their hobbies and surgeons have theirs, it seems to me that the neurologists have their hobbies and that they ride them to almost as great an extent as the others. It strikes me that there is something in this paper, and I can readily conceive how the pressure, the strain upon the spermatic cord by a preternaturally elongated scrotum might have some tendency to bring about impotency. But there is this point which I wish to make: Some such an operation is justifiable upon the principle that we sometimes apply in hypochondria and in other imaginary diseases, we apply a large blister and substitute a real for an imaginary pain or disease and the patient will get well. We all know that the imagination has a good deal to do with it, and if you can relieve them by a well-adjusted suspensory bandage, it is very good. I think in many cases where the necessary apparatus is used, we can cure them without an operation, but in some cases some harmless operation of that kind, which will make a powerful impression on the patient's mind,is necessary to relieve him, upon the principle of mental counter-irritation. So that I think there are cases where the operation is justifiable; and in some cases, where there is a preternatural redundancy, it strikes me that the operation would do good. But of course, as Dr. Hughes stated, it is one of those operations which is unnecessary merely for the purpose of removing a man's scrotum for every slight elongation, but as Dr. Fairbrother remarked, there is a point there which is worthy of study. We know very well that grave symptoms have followed adherent prepuce, which subsided on the performance of circumcision, and no doubt there are cases in which elongated scrotum does produce a great deal of reflex irritation, which is relieved by an operation. There is no use to go to extremes in all these cases, but I have no doubt there are cases in which the operation is justifiable. It can be imployed without making a hobby of it, and without its leading to their universal removal.

Dr. Hughes.—I should like to say in explanation that

my strictures were not on this paper; they were against performing the operation for the relief and cure of general nervous diseases. I thought I made that plain. I do not object to the operation when it is performed for surgical reasons. I do not wish to quarrel with the surgeons for performing these operations. I do not say that it is not a proper procedure in some cases. I spoke in reference to the operation becoming the fashion for the relief of a general neurological affection like hypo chondria and melancholia.

Dr. Broome.—I infer from the remarks of my friend Dr. Hughes, that he is jealous of his territory and does not want us to invade it. The cases are not parallel at all. Oophorectomy is performed to destroy the sexual capabilities of the woman, while the curtailment of the scrotum is for the purpose of toning up the part. Then, too, the doctor's criticism upon or reference to the invention of the speculum, it seems to me, was not exactly just. The speculum in my opinion is a very useful instrument; no more useful instrument has ever been invented, and while perhaps it has caused a good deal of blood to flow, at the same time thousands of lives have been prolonged or saved by its use. Now in many of these cases of elongation of the scrotum, in my opinion, relief can not be obtained by means of electricity, not, at least, when it is so redundant as in the case to which I referred and the case operated on by Dr. Laidley, and he certainly accomplished everything desired; the results are so gratifying that the patient is highly pleased. No neurologist could have given the patients more satisfaction. Another thing I wish to emphasize is that it is the only rational remedy in varicocele, the cure of which is really the object of the operation, and it ought to be adopted generally instead of the operation of obliterating the spermatic vien, if there be present morbid sexual symptoms or sexual hypochondriasis. I venture to say that in these cases Dr. Hughes with his battery and fund of information on the subject will not be able to relieve such a patient unless the testicles and spermatic cord are supported. No other operation will afford the same relief.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, January 8, 1890, The Vice President, John B. Roberts, M.D., in the Chair.

Dr. G. G. Davis presented a paper entitled

Chronic Induration of the Breast.

Having lately had two cases of chronic trouble of the breast under my care, I bring them to the notice of the Society, not on account of any peculiar interest which belongs to these particular cases, but rather because of that which attaches to the class of which they are familiar examples.

Case I.—A young married woman, æt. 29 years, had had four children, the youngest being two years of age. Eight years ago, with her second child, she had an abscess of the right breast. With her third child the breast again inflamed but did not suppurate. With the fourth it troubled her as soon as the child began to nurse, and ever since the child was weaned, at seven months, the pains in it have been severe. There is a small painful gland in the axilla which has been there ever since the breast was first affected; it has not increased any in size. Sometimes a thick yellow matter comes from the nipple. On examining the breast a distinct induration is felt on grasping it between the fingers and thumb, but on pressing it back against the chest-wall it disappears, and only some indurated lines radiating toward the periphery can be felt. The breast is tender to the touch, the examination causing considerable pain. The diagnosis of interstitial mastitis was made, an ointment of belladonna and mercury applied, the breast well covered with cotton and bandaged firmly to the chest. Under this treatment the pain and induration disappeared, and she was advised to envelop the breast in cotton, and wear a suspensory bandage.

Case. II.—Young married woman, æt. 28 years; had borne three children, the youngest æt. 5 years. Two years ago she felt some pain in the left breast, and on examining it found a swelling as large as a marble above and to the outer side of the nipple. It was hard and tender to the touch, and could be moved around. She knocked it with a tub, after which it increased a little in size. It has pained her still more lately, particularly on using the arm or on handling the breast. For at least seven months there has been an enlarged gland in the axilla. Seven months ago she noticed a small lump also in the right breast; it was above and first to the inner and then to the outer side of the nipple. It was the size of a cherry and painful. The patient was thin, but apparently quite healthy, with a good color.

On examination the left breast was flaccid, nipple retracted, and above and to the outer side of the nipple, both on grasping between the fingers and pressing flat on the chest wall, a small hard tumor was felt. The right breast was also flaccid and nipple retracted. There was marked induration, but no localized tumor on pressure. There was also an enlarged gland in the left axilla. She was subjected to the same treatment as the former case, and all pain and signs of tumor disappeared, leaving only a slight induration. There was no history of any abscess in either breast, nor has there been at any time any discharge from the nipples.

These two cases are of interest, because they show the manner in which benign growths of the breast commence, and their amenability to treatment in their earlier stages. There is no question in my mind that if these cases had been allowed to go on untreated they would have resulted in the production of some of those fibro glandular tumors of the breast, for the removal of which incision would have to be performed. The question of diagnosis is also an important one. The promptness with which they improve under treatment demonstrated beyond a doubt that they were of a chronic in-

flammatory nature, involving primarily the fibrous structures. That the glandular structure in the first case was also somewhat involved was shown by the discharge from the nipple. The second patient had been told she had cancer by one doctor, and when she consulted an eminent surgeon in this city he urged the removal of one of the breasts. In one of the breasts of this patient, and also in the other patient, there was no tumor to be detected on pressing the gland against the chest wall, although induration was marked. This was probably because they had not existed long enough. Had the chronic inflammation continued, the fibrous tissue would eventually have become so contracted and matted together as to form a more or less solid mass, in the meshes of which the glandular tissues would have been imprisoned. We would then have commencing glandular changes, cystic formations and, perhaps, peri- or intra-canalicular growths. Should the glandular structure under the influence of irritation, proliferate, a so called adenomatous growth might be produced.

Concerning the origin of these growths, personally I regard them as largely the product of traumatic and irritative causes. In the first case the induration was undoubtedly due to the abscess with which the trouble commenced. In the last case the primary cause could not be ascertained. The subsequent increase in the trouble in one of the breasts was due, at least in some measure, to knocking it. This case complained of feeling pain in the breast on the approach of a storm, and also had pains in the shoulder, for which salicylate of sodium was prescribed. It is possible that it may have been rheumatic in origin, and the probabilities of its being in part such are enhanced by the fact of the fibrous tissues being the parts affected. The dragging and movements and slight injuries to which the breasts are so often subjected evidently play such an important part in the production and increase of these growths, that it is to them our treatment ought to be directed. The breasts should be protected from any slight knocks by a thick layer of cotton, and all movements absolutely prevented by bandaging them securely and firmly to the chest by a roller bandage, over which are placed adhesive straps to prevent displacement. As regards the value of any applications of belladonna and mercury, such as were used in these cases, or of iodine, I am not prepared to say; but it should be borne in mind that if an ointment containing mercury is applied, it is perfectly possible to produce constitutional effects. I was compelled to abandon its use in one of these cases for that cause.

The question of prognosis is also an important one. S. W. Gross states that in 8.21% of carcinomatous cases the growth was preceded by chronic circumscribed induration; but this only occurred after an average period of fourteen years. The number of women who at some period of their life have had an inflammation or abscess of the breast is very large, and the proportion of these that are attacked by malignant growths cannot be large, probably not any larger than is proportionate to the total number of women so affected. The relation is so small that I cannot believe it should induce the surgeon to recommend the removal of a breast so affected for that reason alone. If, in spite of careful treatment, a localized tumor and pain still persists, then an operation is advisable. The value of such a breast as a secreting organ is probably destroyed. Personally I have little faith in the transformation of a benign into a malignant growth as a common event. That such instances do occur I am willing to admit, but I think it more likely that most of those cases which turn out malignant have in their origin been malignant and mistaken for benign troubles. There is no doubt that even with the aid of the miscroscope we are often unable to tell positively whether a certain growth is malignant or not; how much more liable then is the clinician to make the mistake? The divining line between fibromas and sarcomas is not always well marked, and the same is true of adenoma and carcinoma.

In conclusion, I would recall to your attention the necessity of a careful examination before giving an opinion. Retraction of a nipple, even when associated with a hard growth and an enlarged axillary gland, is not pathognomic of carcinoma. One of these patients was assured she had a cancer. The unnecessary distress caused by such an announcement can easily be imagined.

Another point which these three breasts illustrate, is the influence a lack of proper protection and support have upon the progress of the affection. Had these been applied when the trouble first showed itself, its progress would probably have been checked at once, the disease permanently cured, and not have continued for years.

In cases of suppuration of the breast one is too liable to dispense with dressings and support as soon as the wound has closed, forgetting that there is a mass left behind which, from continued irritation, may be the starting-point of a chronic inflammation, resulting in a more or less circumscribed fibrous thickening. A continuance of careful support and protection would probably cause a complete resolution and disappearance of the inflammatory products, leaving the breasts but little altered from their previous healthy condition.

SELECTIONS.

INCOMPATIBILITY IN PRESCRIPTIONS.

BY JOSEPH W. ENGLAND, PH. G., PHILADELPHIA.

Incompatibility in a prescription has been defined as that condition in which there exists either "a chemical decomposition, a pharmaceutical dissociation, or a therapeutical opposition" of its constituents. The term is thus susceptible of three meanings. A prescription is chemically incompatible where chemical change results.

It is pharmaceutically incompatible where there is violation of correct pharmaceutical procedure, and there is therapeutical incompatibility where there is antagonism in physiological action. Now, accepting these definitions, a prescription may be chemically incompatible and yet be just what the physician wants. It may be pharmaceutically incompatible and yet be desirable for the same reason. But it is never compatible where there is a change of chemical composition and pharmaceutical character resulting in the formation of new products having totally different therapeutical effects than those obviously intended. And this view—the intended therapeutical action of the prescription—is the "keystone of the arch" and the best rule for the pharmacist to follow.

Every new prescription is largely a law unto itself until tried. Expertness in pharmaceutical manipulation, of which prescription work is the higest type, is a matter of individual ability which can be acquired only, in the largest and best measure, by personal experience. The subject of incompatibles is not a formidable one, if there primarily exists a clear knowledge of the chemical or pharmaceutical properties of the substances used, so that any deviation from the right standard may be detected, but here is the puzzling question: How are we to know but that, in the event of some chemical or pharmaceutical change, the physician does not mean just such a change, and nothing else.

At first glance it seems strange, but there are some successful physicians who every now and then write, pharmaceutically and chemically, the most incompatible prescriptions. Yet they have success. And their happy results can only be due to the formation of certain new products or an alteration in pharmaceutical charcter of old ones. It does not follow that all prescriptions thus written are of the highest therapeutical value. Far from it. The tendency of the times is steadily in the direction of greater simplicity in prescription writing.

It is to be regretted that the physician seems to depend in large measure upon the pharmacist for detecting any chemical or pharmaceutical incompatibility, and that the pharmacist depends, solely and alone, upon the physican for recognizing any therapeutical incompatibility. A physician with his many duties cannot be expected to have at his command the vast detail of pharmaceutical facts, nor can the pharmacist be considered negligent in not possessing an extended acquaintance with the application of drugs in medicine; but it is clear that some elementary knowledge as to how drugs act and for what purpose they may be employed would be of great practical value to the pharmacist in affording him a clear idea of the therapeutical intent of the prescriber, and the ability to detect any deviation through a chemical or pharmaceutical error. An argument for therapeutical knowledge is not a step in the direction of counter-prescribing. It is only a plea for broader education—for elementary therapeutics on distinctly pharmaceutical lines. With therapeutics, pure and simple, the pharmacist has nothing whatever to do. That is solely the province of the physician. Medicine and pharmacy are making rapid scientific progress, not in the same way, though co-laborers in the same cause, but upon certain definite lines of work and study, yearly becoming more distinct and widely separated, rendering each the more dependent on the other. Concerning special instances of incompatibility, the writer, some time ago, devised a set of "notes," and they have been found of such good service, though doubtless much of the subject matter has been duplicated in your personal experiences, that he feels impelled to present them in their entirety.

An important feature about which there seems to be some difficulty in remembering is the solubilities and insolubilities of inorganic compounds. To make such knowledge readily accessible a modified table was framed, based almost wholly upon Professor Attfield's "Statement of the Solubilities and Insolubilities of Salts," which expresses, directly or by inference, nearly 500 soluble and insoluble compounds of the following inorganic basylous radicals: Aluminium, ammonium, antimony, barium, bismuth, cadmium, calcium, chromium, cobalt, copper, ferric, ferrous, gold, lead, lithium, magnesium, manganese, mercuric, mercurous, nickel, potassium, silver, sodium, stannic, stannous, strontium and zinc.

In using this table, it is only needful to remember the well-known chemical law: that when a solution of a compound is brought in contact with a solution of another compound, and, by an interchange of radicals, an insoluble compound is rendered possible, that compound will be precipitated.

Acetates are soluble.

Arseniates are insoluble, except those of the alkali metals.

Bromides are soluble, except mercurous and silver; those of antimony and bismuth are decomposed by water to form oxysalts.

Carbonates are insoluble, except those of the alkali metals.

Chlorides are soluble, except those of lead (*s*), mercurous and silver.

Citrates are soluble, except those of manganese, mercurous, silver and strontium, aluminum (*s*), barium (*s*), bismuth (*s*), cadmium (*s*), calcium (*s*), lead (*s*), zinc (*s*).

Cyanides are insoluble, except the mecuric and those of the alkaline metals and earths.

Hydrates are insoluble, except those of barium, strontium, calcium (*s*) lead (*s*) and the alkali metals.

Iodides are soluble, except those of antimony, bismuth, gold, lead (*s*), mercuric, mercurous, platinum (*s*), and silver.

Nitrates are soluble.

Oxalates are insoluble except those of antimony (*s*), chromium, ferric (*s*), ferrous (*s*), stannic, and the alkali metals.

Oxides are insoluble, except those of barium, strontium, calcium (*s*) and the alkali metals.

Phosphates (ortho) are insoluble, except those of the alkali metals.

Sulphates are soluble, except those of barium, strontium, calcium (*s*), antimony, lead, mercurous (*s*) and silver (*s*).

Sulphides are insoluble, except those of barium, calcium (*s*), strontium, and the alkali metals.

Sulphites are soluble, except those of aluminum, antimony, barium, bismuth calcium (*s*), cobalt (*s*), copper, ferrous (*s*), lead, manganese (*s*), nickel (*s*), silver, stannous, strontium and zinc (*s*).

Tartrates are soluble, except those of antimony, barium, bismuth, cadmium (*s*), calcium (*s*), copper, ferrous (*s*), lead, manganese (*s*), mercuric, mercurous, silver, strontium (*s*), zinc (*s*) and nickel (*s*),

Acids decompose hydrates, carbonates and acid carbonates to form salts; the stronger acids, which are largely inorganic, set free the weaker acids, which are largely inorganic, or, brought in contact with alcohol or alcoholic solutions form ethers; alkaline hydrates, carbonates and acid carbonates neutralize free acids, decompose some gluco sides and precipitate all alkaloids, some of which precipitates are soluble in excess of the precipitant, or in alcohol, if that liquid be present in sufficient amount to dissolve them.

Oxidizing agents, such as nitric, hydrochloric, picric and chromic acids and potassium bichromate and perman ganate, with readily oxidizable substances, such as carbohydrates, alcohols, ethers, sulphurs, phosphorus, sulphides, and organic matter in general, form explosive compounds. Potassium permanganate, if ordered in pill form, can best be made with cacao butter, and cosmoline in very small quantity, and enclosed in gelatin capsule. Silver nitrate is reduced by organic matter to oxide, with the exception, it is said, of opium and extract of hyoscyamus A very good way of mak ing pills of it is with cacao butter and cosmoline, etc., as mentioned above, under potassium permanganate; syrup of ferrous iodide and potassium chlorate form a poisonous compound, and potassium iodide and potassium chlorate form a mixture which yields the poisonous iodate on being taken internally.

Iodine and the iodides yield precipitates with the alkaloids; bromides precipitate morphine and strychnine salts on standing, but a few drops of dilute hydrochloric acid added, after the addition of the alkaloid, prevents the change. Sodium biborate precipitates morphine and cocaine salts, but on the addition of a small quantity of boric acid, or with boric acid alone, precipitation does not take place. Mercuric chloride, with acidulated solutions of the alkaloids, forms crystalline double salts; potassium-mercuric iodide precipitates alkaloidal solutions. Solutions of quinine salts, with those of the alkaline acetates, or with Basham's mixture, precipitate the sparingly soluble quinine acetate. Morphine solutions give the phenol reaction, if mixed with tincture of ferric chloride.

Glucosides are decomposed by free acids and precipitated by tannin; tannic and gallic acids precipitate alkaloids, albumen, gelatin and the majority of metallic salts, and yield inks with iron solutions.

Resinous tinctures and fluid extracts, prescribed with aqueous solutions, should always be emulsified with acacia; tinctures and fluid extracts made of stronger alcohol, mixed with those made of diluted alcohol, become turbid and precipitate, since the special solvent power of alcohol or of water for a substance diminishes in proportion to the quantity of the other liquid present. A "shake" label should alway be used.

When for internal use, fixed and volatile oils and oleoresins, and aqueous solutions, should always be emulsified, whether ordered or not, and, to better emulsify the volatile oils, they should have mixed with them, prior to emulsification, an equal volume of olive, almond or cottonseed oil.

Tincture of ferric chloride gelatinizes mucilage of acacia; free acids separate insoluble carminic acids from compound tincture of cardamom; free acids precipitate glycyrrhizin from fluid extract of licorice.

Commercial spirit of nitrous ether liberates iodine from solutions of iodides, decomposes antipyrin solutions to form a green nitro derivative, and precipitates mucilage of acacia, but if it be well diluted with water it can usually be added last without precipitating. Tincture of guaiac and spirit of nitrous either are stated to be pharmaceutically incompatible by Potter (although they are often prescribed together), likewise infusion of wild cherry with compound infusion of gentian, infusion of cinchona with compound infusion of gentian, and infusions with metallic salts generally.

Sodium salicylate in solution precipitates the sparingly soluble salicylic acid if mixed with acids, and yields, if dispensed in powders with potassium acetate, the very deliquescent potassium salicylate. Sodium salicylate in strong solution is decomposed by tincture of ferric chloride, but if well diluted first changes only into ferric salicylate. Sodium benzoate solution is decomposed by acids to yield this sparingly soluble benzoic acid.

Mercuric chloride is decomposed by solution of potassium arsenite but if the alkaline solution has first added to it, in slight excess, diluted hydrochloric acid, no precipitation will take place on the addition of the mercurial salt; pyrophosphate and phospohate of iron solutions precipitate with dilute phosphoric acid. The *National Formulary* recommends the use of dilute metaphosphoric acid, in place of the officinal "ortho" variety, as yielding a permanently clear solution.

In conclusion, the writer would say that in these "notes" presented he has endeavored to give, not an exhaustive list of special incompatibles, but simply a general expression of those liable to occur in the everyday routine of prescription work.

What to do with an incompatible prescription is a question for individual judgment, and cannot here be entered into. The usual practice, in the event that the prescription involves no serious change, is to accept the situation and dispense as written. On the other hand,

where serious change is liable to take place, it is almost superfluous to state that it is the duty of the pharmacist to consult the physician before dispensing.—*American Journal of Pharmacy.*

(s) Means sparingly soluble.

ANTISEPTIC INJECTIONS, THEIR USE AND ABUSE.

1. *When to Inject.*—A vaginal injection before delivery, repeated every three hours, removes or kills enough microbes to render the canal aseptic enough for practical purposes. The vulva is disinfected separately by rubbing with cotton soaked in aseptic fluid.

After delivery, the vagina should not be touched in normal cases, but only protected by the application of the antiseptic occlusion dressing.

If it has been necessary during labor to enter the uterus, or, after labor, the vagina, a vaginal or intra-uterine injection ought to be given, according to the depth to which the canal has been entered.

Intra-uterine injection is given when the fœtus is macerated.

As a therapeutic measure, vaginal injection is used when the lochia is fœtid.

In puerperal diphtheria, vaginal or intra-uterine injections are used before or after cauterization with chloride of zinc, corresponding to the locality affected.

Curetting is preceded by a vaginal and followed by an intra-uterine injection.

Before opening an abscess from the vagina, this organ is syringed and swabbed, and after the incision the cavity is syringed.

In peritonitis, the uterus is well disinfected, but after that the patient is not disturbed.

In abortions a vaginal injection is given before removal of the ovum, and an intra-uterine after its removal.

2. *What to Inject.*—The author has collected 22 cases of death from mercurial poisoning in obstetric practice. If in some the fatal issue was due to faults in the use of the bichloride of mercury, others are above criticism. He thinks, therefore, it should not be used for injections. Of late he has used creolin in a 2% emulsion, and is much pleased with it, except in cases where he wishes to judge of the condition of the interior of the womb by the appearance of the returning fluid.

Bichloride is absolutely contra-indicated in anæmia, abortion, kidney disease and diarrhœa.

3. *How to Inject.*—He prefers single-current tubes to double-current tubes. Immediately after delivery, it is better to introduce it without speculum. Great care should be taken to go in the right direction and to the proper depth, so as to be sure to wash out the cavity of the uterus and not perforate its wall.

As a hæmostatic, very hot fluid is needed, otherwise luke warm is preferable.

For intra-uterine injections, not more than two or three pints should be used.

If the fluid ceases to return from the uterus, the can or bag of the fountain syringe should be brought down below the level of the bed, so as to reverse the current by siphon action.

The fluid should be removed from the womb by squeezing it, and from the vagina by turning the patient on her side.

The patient ought always to be on her back during an intra-uterine injection.

Fountain syringes are safer than bulb syringes. They ought not to be suspended more than one or two feet above the uterus.

Properly administered injections are a most valuable prophylactic and curative remedy, and not so difficult to handle but that every intelligent practitioner can use them.—H. J. Garrigues, M. D., in *Jour. of Obs.*

Chloride of Zinc as a Caustic in Cancer of Female Generative Organs.—Dr. Braithwaite, in *Brit. Med. Jour.*, read a communication on cases illustrating the advantages derivable from the use of chloride of zinc as a caustic in cancer of the female generative organs. 1. When the knife could be used it was usually preferable to employ it, and only resort to the zinc upon the first appearance of a return. 2. In some cases the zinc should be the first, and indeed only, weapon used, as in commencing cancer of the cervical canal of the uterus, when, from any cause, the organ could not be pulled down into view, as when the uterus was fixed by old inflammatory adhesions. In commencing cancer of the vulva or vagina, if the disease were superficial and not of great extent, this treatment alone was necessary, but it might or might not be preceded by erasion a few days before. 3. It should be applied by means of a very thin layer of cotton-wool wetted with the zinc solution and lightly pressed between two pieces of blotting-paper. It then did not run. 4. A saturated solution should be used. The fluid resulting from the deliquescence of the solid was the most convenient form. 5. The caustic required time. Usually, in twenty-four hours it had acted sufficiently; but, if a deeper action were required, it might be left longer. 6. Its use was followed by great contraction of the parts—a safeguard to some extent of the disease. In this, as in other respects, it was superior to Paquelin's cautery, acid nitrate of mercury, and potassa fusa. One case was related in which a slough was made of the whole interior of the uterus, not too deep to be dangerous, but sufficient to remove the surface and some of the adjacent tissue. The patient was being weakened by hæmorrhage and poisoned by absorption of the sanious discharge.—*Arch. of Gyn.*

Vomiting of Pregnancy.—Don't think that dilating every woman's os will cure everything; but there are cases of vomiting of pregnancy where all your thera-

peutics and all your dietetics will fail, and when a simple dilatation of the os will remove every symptom. Again, the womb may be out of place, and the use of a cotton pad or of the pessary may help you out. One of my patients was at death's door. All that I knew of therapeutics and of dietetics had been used to no avail. I examined the womb and it was apparently all right. I inserted a pessary, having no other reason for doing so than that I knew of nothing else to do. My patient would certainly die if I did not do something. She was relieved in a minute and with no return of her sickness.

You will find cases where neither medicine, nor diet, nor instruments, nor uterine supports, will avail to relieve the patient. In such cases I resort to McMunn's Elixir of Opium, 5 to 10 drops, or more if necessary, in a teaspoonful of whisky, added to several tablespoons of warm water. This will sometimes give rest to the stomach; the irritability will gradually subside, and the necessity of producing a miscarriage will be averted.—R. M. Foster, M.D., in *Med. Era.*

Operative Versus Therapeutic Treatment of Strumous Glands.—Mr. Bertram Thornton read a paper on this subject before the West London Medico-Chirurgical Society. He alluded to the records of the last fifty years at the Royal Sea Bathing Infirmary, Margate, which testified to the unsatisfactory and tedious methods of treatment prevailing up to within the last few years. Having reviewed the various modes of treatment of enlarged glands in their different stages, such as erasion, by poultice, iodine painting, mercurial ointments, calcium sulphide, etc., injection of various drugs and applications of strong caustics, he pointed out that whatever action these methods had on the diseased glands, the process was very tedious and uncertain, and the resulting scars most unsightly. An operative experience of about a hundred cases of various degrees of magnitude led him to urge the excision of *every enlarged gland* or part of a gland after a reasonable period—say 6 or 8 months—of constitutional treatment and change of air at the seaside. Modified operations, such as scooping, aspiration, small punctures with drainage were nearly always unsatisfactory as diseased gland tissue was left behind. Hitherto, he had fortunately had no death or serious complication to record, and the vast majority of cases had healed rapidly. He claimed for the method of excision that many months of tedious treatment were saved, the resulting scars were less unsightly, and that the operation if performed with skill and care and in good hygienic surroundings was usually satisfactory.—*Med. Press and Circular.*

On the Treatment of Scarlet Fever by Chloral Hydrate.—In conclusion the following propositions are affirmed:

1. The treatment of scarlet fever by chloral hydrate without the use of other drugs has yielded satisfactory results.

2 The chief role of chloral in the treatment of scarlet fever is that of a sedative to the cerebral centers. It appears to antagonize certain exciting toxic principles formed within the organism during the course of the disease.

3 Chloral is also useful on account of its antiseptic properties; (*a*) upon the throat; (*b*) upon the kidneys; (*c*) to a slight extent upon the fluids of the organism at large.

It is necessary in this connection to bear in mind the difference between the germicide aud the antiseptic influences of drugs. No amount of choloral compatible with the maintenance of life can act within the organism as a germicide. It is asumed that medicinal doses may *tend* to render the fluids of the body antiseptic, that is to say, may *tend* to impair, to some extent, their fitness as culture media for pathogenic bacteria.

4. The elimination of chloral by the kidneys,and its diuretic effect, render it especially useful in the treatment of scarlet fever.—J. C. Wilson, M. D., in *Med. News.*

Modern Leprosy.—Dr. Boinet, of the Faculty of Medicine of Montpelier, in his article entitled "Medical Studies, Researches, Experimental and Bacteriological, made in Tonkin in 1887-'88" gives expression to the following opinions with regard to leprosy:

He doses not sustain the theory of the absolute non-contagiousness of leprosy, but considers that it is rarely contagious among adults.

From his numerous observations he concludes that the disease is transmitted principally by the constant association and contact of children, during their earlier years of life, with persons affected with leprosy. Inoculations upon the lower animals have thus far given but negative results.

He thinks that it may be possible that the disease is transmitted by an intermediate agent of inoculation, as, for instance, the mosquito.

Mr. William Tebb draws the following conclusions from his extensive studies upon leprosy:

1. All goverment and medical authorities are unanimous in acknowledging that leprosy in increasing at a serious pace in the West Indies.

2. The theory of contagion, which has been brought forward to account for this extension, is not accepted by the most eminent authorities. It can, at best, explain but a very small number of cases.

3. All authorities admit that leprosy may be communicated by inoculation.

4. That the method of inoculation which is practiced to any great extent is that of vaccination, from arm to arm, against small-pox.

Mr. Tebb lays great stress upon the last statement, as demonstrating the cause of the transmission of leprosy.

Dr. Zambaco, of Constantinople, who has carefully studied the disease for the past nine years, states that, as far as his observations go, the disease does not seem to be contagious.—*Journal d'Hygiene*, Paris, December 19, 1889.

Removal of Tattoo Marks.—A writer in the *Journal of Cutaneous and Genito-Urinary Diseases* offers the following plan of removing tattoo marks: The part is freely painted with a strong tannin solution, and then immediately pricking the skin with a bunch of needles, in order that the tannin may penetrate deeply. The operated surface is then rubbed vigorously with nitrate of silver. The pricked points in course of a few moments become black, and the surface is then wiped off. Varying degrees of inflammation ensue, with more or less pain on motion. In about two weeks the eschar becomes spontaneously detached, beneath which is seen a red cicatrix. In due time the redness disappears.

A National Circulating Library.—The National University of Chicago has arranged for a National Circulating Library of 20,000 volumes, to aid in its University Extension work, modeled after the English system. The volums will be sent by mail from Maine to Texas. It will supply a long felt want. To cover expense, catalogues are sent only on receipt of ten cents. Address, 147 Troop St.

Climacteric.—For troubles occurring at the change of life, or in a woman weakened by excessive menstruation, I often obtain considerable benefit by sponging the spine with equal parts of white vinegar and spirits of wine, night and morning, for five to ten minutes. Or by sponging the spine first with water as hot as can be borne, and then for a few seconds with a sponge wrung out of cold water. The first application is the most successful. It invigorates and soothes irritable nerves and prevents the fidgets.—Ringer in *Med. Era.*

Lemon Juice in Epistaxis.—Dr. Fanchon, in the *Revue General de Clin. et de Therap.*, speaks most highly of the value of lemon-juice for the local treatment of stubborn nose bleed. In one case in which the hæmorrhage was most severe, a single injection of lemon-juice made into the nostril that was bleeding immediately arrested the hæmorrhage.—*Med. News.*

A New Spanish Book.—The National University of Chicago announces in preparation a new Spanish Grammar on a novel plan, by Prof. Schele de Vere of the University of Virginia, to form one of the "University's" series of text books.

USEFUL FORMULÆ.

Creasote in Diabetes.—In doses of from four to ten drops a day creasote is said by Dr. P. Valentine to have yielded excellent results in several cases of diabetes mellitus.—*Med. Record.*

Hæmostatic Collodion.—

℞ Collodion, - - - - parts, 100.
Phenic acid, - - - " 10.
Tannin,
Benzoic acid, - - aa " 5.

Apply with a camel's hair brush.—Dr. Paresi in *Revue de Ther. Med. Chir.*

Injection for Uterine Cancer.—

℞ Tincture of iodine, - - - ʒss.
Salicylate of soda, - - ʒiiss.
Tar-water, - - - - Oss.

Dissolve. Three to six spoonfuls in a pint of warm water.—*La Gaz. Med. de Montreal.*

Rectified Essence of Turpentine.—

℞ Tinct. of eucalyptus, - - aa 4.0.
Phenic acid, - - - - 300.0.
Alcohol, - - - - 300.0.
Distilled water, - - - - 1000.0.

To be used in atomizer night and day.—*Bull. Gen. de Ther.—Med. Bull.*

Treatment for Excessive Menstruation.—

℞ Ergotine dialyzed, - - grams, 10.
Distilled water, - - - " 70.
Glycerin, - - - - " 20.
Salicylic acid, - - - " 2.

M. Sig.: One teaspoonful diluted with three tablespoonfuls of water, to be injected into the rectum once a day after a stool.—*La Gaz. Med. de Montreal.*

Prescription for Acne.—

℞ Naphthol, - - - - parts, 10.
Precipitated sulphur, - - " 50.
Lanolin, - - - - " 25.
Green soap, - - - - " 25.

M.

This should be thinly spread upon the skin, rubbed off in fifteen minutes, and the part dusted with talc.—*London Medical Recorder*, November 20, 1889.

Naphthalin.—Dr. Tichborne (*Med. Press and Cir.*) advises the use of the following formula for administration of naphthalin:

℞ Naphthalin, - - - grains, xvi.
Expressed almond oil, - - - ʒ iv.
Acacia, - - - - - ʒ i.
Orange syrup, - - - - ʒ i.
Water, - - - - ʒ iii.

The naphthalin must be thoroughly mixed with the almond oil before adding the other ingredients.—*Med. Standard.*

ORIGINAL ARTICLES.

DEMONSTRATION OF THE EFFECT OF THE ENTRANCE OF AIR INTO THE VEINS.

BY H. A. HARE, M.D., PHILADELPHIA, PA.

Read before the Philadelphia County Medical Society, Jan. 22, 1890.

Some months ago I published an account of experiments on seventy dogs, in which I found that the entrance of air into the veins of living animals was not so lethal as is generally believed. It has been taught that minute globules of air entering the veins will produce fatal results, or, at least, most serious symptoms. The way in which I discovered the fallacy of this was by making injections of solutions of drugs. I found that when a small quantity of air was introduced accidently, no evil effects resulted. On looking up the literature of the subject I found that the mass of evidence was really against the common belief. There are quite a number of cases on record where patients have died suddenly during operations, and death was attributed to the entrance of air.

In order to be brief, I shall read an abstract from my paper:

"One of the most thorough studies of the subject so far published is undoubtedly that of Wattmann, from whom most of the following information is derived, unless otherwise stated. The first experiments of this kind are attributed to Wepfer, who is said to have killed an ox of stupendous size by blowing air with his mouth into its jugular vein; while Redi, in a letter to Steno, written over two hundred years ago, stated that he had killed in a similar manner two dogs, a horse, a sheep and two foxes. Similar studies have also been made by Heyde and Brunner. Ruysch, Valsalva, Morgagni and others have at autopsies recorded the appearance of quantities of gaseous fluid in the vascular system, which they believed to be air. Very much later, Bichat made startling announcements as to the small amount of air required to cause death when so introduced, but Nysten, a few years later, showed the fallacies in Bichat's assertions.

"In 1818, a patient of Beauchene, at the Hopital Saint Antoine, while he was extirpating a tumor of the right shoulder and lateral and lower part of the neck, died very suddenly, 'under circumstances which made him belive that this was occasioned by entrance of air into the vascular system through an opening in a vein.' Further cases have since been reported by writers in this country and abroad by Amussat, Mott and others.

"The paper of Amussat is one of the most exhaustive of its kind, but its conclusions were vehemently attacked by men no less noted than Velpeau, Gerdy, Blandin and Malle, all of whom asserted that the symptoms detailed were not to be thought due to the entrance of air, but to other extraneous causes.

"In the experiments of nearly all the early investigators, the air was introduced by blowing with the mouth or a syringe, but Amussat carried out a series of studies in which he opened the jugular vein and allowed any air to enter that could do so.

"The experiments of Nysten proved that only large amounts of air produce fatal results, the quantity varying from forty to one hundred and twenty cubic centimeters, according to the size of the dog, and he also found that larger amounts must be used to kill the ox or horse.

"Magendie states that he has thrown, with all the force and celerity of which he was capable, forty or fifty pints of air into the veins of a very old horse without his dying immediately, and Cormack blew the contents of his chest, twice filled, into the jugular vein of a horse before the animal exhibited any signs of uneasiness. Barthelemy has also found in six horses, weakened greatly by the withdrawal of blood, as much as from four to six liters of air must be introduced intravenously to cause death, and estimates, in consequence, that a man weighing 136 pounds would be killed only by two-thirds of a liter. Even the experiments of Amussat force him to the conclusion that a considerable quantity of air must be used to cause death. Ore finds eighty cubic centimeters necessary to cause death in the dog.

"The conclusions to be reached, therefore, from all experimental researches is that enormous amounts of air must enter a vein to cause death, and that no such quantity can possibly find its way into a vein which has been injured with a knife of the surgeon. These are the facts against the prevailing idea; let us see what the facts are for it. The answer is that there are none. While we have the large number of cases reported of sudden death under operations where veins were opened, in the majority of them the cause of death has been guessed at and not proved. The only case which approaches in any way toward authenticity is that of Mott, who saw a serious but not fatal result induced by the entrance of air into the facial vein, and even this is not a proved case. The case of Barlow is equally doubtful as to the real cause of death.

"There are a number of cases on record where death resulted, according to the physician in charge, from the entrance of air into the uterine sinuses.

"Supposing that ordinary atmospheric air is really capable of acting in the manner generally thought, the question arises as to the method of its influence. Erichsen believes it to be due to the frothy state of the blood, which presents the due transfer of the circulating fluids through the pulmonary tissue, and Bell believed death to be due to the transference of air to the base of the brain.

"Cormack has thought death to be due to gaseous distention of the heart, and Moore thought it to be due to the entrance of air into the cardiac cavities. Other observ-

ers have found air in the right heart, and concluded that in this way the blood is prevented from eventually getting to the lungs and general system. Again, it has been thought that the air prevents the closure of the valves of the heart, or that the bubbles of air entering the smaller capillaries acted as emboli.

"Taking up the last theory first, we find, in the first place, there is no evidence whatever to prove that air may not be driven anywhere that blood can flow, and it is, to say the least, curious that any one should suppose that a bubble of air, which is compressible in itself,and capable of assuming any form under pressure, should form an impassable barrier against which a blood-pressure of two hundred millimeters could press in vain—a pressure made up of blood, a virtually incompressible body. This seems to be sufficient evidence of the falsity of any such theory.

"Again, why should the air in the cavities of the heart prevent the valves from closing? We are accustomed to test the tightness of rubber bags by inflating them with air or water, and if the valves can close on a current of blood, why can they not do so upon a current of blood and air mixed? If the air were as heavy as mercury, and as difficult of propulsion, such a theory might stand.

"Even the theories of the causes of the supposed deaths in man do not, therefore, stand before a rigid examination, which is hardly to be wondered at when we have proved that the quantity of air entering the veins under such circumstances cannot be of any great quantity.

"According to Ashhurst and Agnew, the veins of the neck are the ones most liable to be entered by air, and it is said by Agnew that the frequency of this accident is due to the fact that the venous trunks in that region are in many places attached to the deep fascia, which prevents collapse of their walls when wounded; for this reason this part of the body is spoken of as the 'dangerous region,' according to Ashhurst.

"The explanation of the method by which the air finds entrance to the veins is supposed to be a process of suction produced by the expansile movements of the chest in inspiration. Practically, most surgeons will agree with me in stating that generally the blood-pressure in the jugular vein is sufficient to cause so great a hæmorrhage as to prevent any air entering the vein;and I have proved the fallacy of the suction theory any number of times by leaving an open canula in the jugular vein, the vessel being tied above to prevent hæmorrhage."

Two dogs were then taken, and into the external jugular vein of one was injected twenty cubic centimeters of air, and into the jugular vein of the other forty cubic centimeters. The animals were subsequently released, and showed no apparent bad effects.

SARCOMA OF KIDNEY—DEATH—AUTOPSY.

BY J. H. M'CASEY, M.D., M.C.P.S., CONCORDIA, KANSAS.

A son of Mr. P., of Concordia, Kansas, æt. 3½ years, about nine or ten weeks ago, showed signs of failing health, weakness, loss of appetite, anæmia, fretfulness, etc. Slight fullness appeared just above the left lumbar region, posteriorly, which soon showed in front, about the region of the spleen and stomach. Bowels were regular; appetite gradually declined. No fever: no hæmaturia. About two weeks before the death of the child, I was called by telegram to meet the attending physician, Dr. Stewart, in consultation, and to bring an aspirator. On examination, we found the lungs and liver normal, emaciation, enlargement of abdominal veins Inspection showed a large tumor over the region of the spleen and stomach, with slight bulging over the upper part of the left lumbar region, posteriorly. Dulness on percussion was readily shown. The tumor was smooth, and aspiration yielded negative results.

Supporting and palliative treatment was continued until Feb. 9, when death closed the scene.

The autopsy revealed sarcoma of left kidney, weighing four pounds. The tumor was adherent to the adjacent structures, as the spleen,liver, stomach and intestines.

Remarks.—Primary cancer of the kidney is a rare disease. It is usually unilateral and is found more frequently during the first decade of life. It occurs with greater frequency before the fifth year. Gross says: "It may be confidently asserted that carcinoma is never witnessed in early life, and at least two thirds of all examples recorded as cancer should be classed as sarcomas. In this case the tumor during life was not located, particularly in the renal region, but attained its greatest prominence over the region of the spleen and stomach. Hæmaturia, a leading diagnostic symptom of renal cancer, was absent.

ARTIFICIAL ATTACHMENT OF A DETACHED IRIS.

BY FRANK A. MORRISON, M.D., INDIANAPOLIS, IND.

It has occasionally happened during iridectomies, in consequence of unexpected movements of the eyeball while the iris is in the grasp of the forceps, that a considerable portion of this structure becomes detached at its ciliary margin.

In opposition to the usual practice of complete excision of the detached portion, the following case, together with the method of relief, is given somewhat in detail.

Mr. E., æt. 50 years, came under my charge in February, 1890, with the following history:

While undergoing a cataract operation by the von Graefe method a sudden movement of the eye detached a considerable portion of the iris at its ciliary border, but the condition was not manifest for several days after the operation.

An examination, Feb. 12, 1890, disclosed the following condition of the eye.

About one-fourth of the iris had been torn loose at its periphery and, falling across the pupil, attached itself to the pupillary margin of the opposite side and completely occluded this opening.

Dreading the effect of the removal of so large a segment in addition to what had already been taken away, the following plan was devised and put into exucution: With the assistance of Dr. J. A. Haugh, a paracentesis needle was entered at a point upon the sclerotic just behind its junction with the cornea, where it was estimated that the angle formed by the union of the line of rupture with the detached ciliary border of the iris would come in contact with the sclerotic, if the parts were in their normal position. The needle was then carried obliquely through the sclerotic into the anterior chamber and was caused to enlarge the wound slightly in its withdrawal. Very little of the aqueous humor escaped. Now gently passing a Desmarres' cystotome into the wound and across the anterior chamber, its cutting edge was used to divide the adhesions between the contiguous margins of the iris; this done the latter floated freely in the aqueous humor. Withdrawing the cystotome, a sharp Tyrell's hook was pushed carefully along the posterior surface of the iris and made to seize it at the angle formed by the rent and the detached ciliary margin, and this angle was drawn carefully into the sclerotic incision and there left, held securely by the approximation of the walls of the valve-like slit. The immediate effect was a complete restoration of the pupil to its proper shape, accompanied, of course, by an immense increase in the volume of light entering the eye. Very little reaction followed, and in the course of a few hours the iris was firmly fixed in its new locality.

Freely admitting that one case proves little, yet this one shows the possibilities of such an operation under discouraging circumstances.

If successful, an immense advantage accrues to the patient. When this accident is detected at the time of the iridectomy, whether for cataract or other causes, it is probable that the iris could be confined in the angle of the incision if such incision has been made in the sclerotic. If, however, the incision has been made in the cornea or from its location would produce too great traction on the iris, it would be better to make an independent puncture and proceed as above described. The presence of the aqueous humor in all stages of the operation greatly facilitates matters,and care should be taken to limit the sclerotic incision to avoid gaping of the wound.

107 N. Alabama St.

REPORT ON PROGRESS.

OBSTETRICS.

BY E. MUELLER, M.D., ST. LOUIS.

Retro-Deviations of the Uterus in Their Relation to Pregnancy.

Basing his opinion upon observations of 121 cases of pregnancy in retroflected uteri, Martin denies, in the first place, that retroflexion of the uterus forms a serious obstacle to the occurrence of pregnancy, and secondly, that it is connected with as much danger as has been supposed up to the present time. In twenty-seven cases pregnancy occurred in the presence of congenital retroflexion; in thirteen of these the abnormal position was diagnosed before pregnancy supervened, the patients having been under treatment for catarrhal conditions of the uterus or the tubes, stenoses, pelvic peritonitis, etc., and after recovery from these affections, pregnancy became possible in spite of the retroflexion. Martin concludes from this that retroflexio uteri is not a cause of sterility, but that other diseases of the womb and its appendages form a far more important factor in the causation of sterility. Of ninety-four women with retroflexion of the pregnant uterus following the first or subsequent pregnancies, nine were treated with Hodge's pessaries for complaints referable to the retroflexion before the occurrence of pregnancy; most of these became pregnant before the retroflexion had been relieved. Although admitting that under certain conditions, retro-deviations make conception more difficult, Martin says that it is not such a great obstacle to conception as has been hitherto supposed.

In ninety-seven of the women suffering from retroflexion pregnancy was not interrupted. Martin recommends the early replacement of the pregnant uterus before symptoms of incarceration have appeared. After replacement he applies Hodge's pessary; when abortion is threatened, the patient is kept in the prone or semi-prone position. Martin also concludes from his experience that many cases do not come under observation at all on account of spontaneous reduction of the displacement during pregnancy; also that the diagnosis of incarceration is facilitated by the early occurrence of urinary troubles. If the retroflexion does not reduce itself, reposition of the uterus must be accomplished in time. When symptoms of incarceration are present, reposition must be attempted first, before abortion is induced.—(H. Martin, in *Deutsche Med. Wochenschr.*,) —(*Schmidt's Jahr.*)

[The opinions arrived at by Martin do not differ materially from those held by other authorities. The infrequency of sterility from backward displacements of the womb, or of serious consequences following pregnancy in retroflected uteri, is generally admitted.—*Rep.*]

Induction of Premature Labor—A New Method.

A bag-dilator (*ballon*), made of some non-elastic material, and placed between two layers of caoutchouc, so as to make it impermeable, is carried beyond the internal os and injected with liquid. As soon as the circumference of the bag at its widest part becomes equal to that of the fœtal head, it is expelled spontaneously. Having the size of a fœtal head at term, it may be said, that at the time it passes the vulva, the soft parts present the necessary dimensions for the spontaneous expulsion of the fœtus, or for operative interference.

The dilator, which must be *impermeable* and *non-extensible*, is pear-shaped when distended with liquid. The smaller end terminates in a rubber tube, and it measures thirty-one centimeters (twelve and one-fith inches) in circumference at its widest part.

The following is the *modus operandi*: The power of resistance of the apparatus having been tried, the exact capacity of the bag is ascertained; for the operator must know what quantity of liquid is needed to make its circumference measure from twenty-two to thirty-three centimeters (eight and two-thirds to thirteen inches) at its widest part, which dimensions are necessary for complete or nearly complete dilatation. After thorough disinfection the bag is completely emptied of liquid and air, and folded in such a manner as to take up as little room as possible, firmly grasped between the blades of the forceps, and well anointed with vaseline. The author uses forceps twenty-nine centimeters (eleven and one-half inches) in length, with straight blades fourteen centimeters (five and one-half inches) long. The instrument is slightly curved on the edge,to correspond to the direction of the genital canal, and also curved on the flat. The hand being introduced into the vagina, the index finger is gently pushed into the cervix beyond the external os and the parts are examined. The middle finger is then also introduced, and when both fingers have penetrated to the first joint, there will be room enough for the dilator to pass. During this stage of the procedure the fundus of the uterus is held and depressed by the disengaged hand. The forceps holding the bag is now slipped between the two fingers. It must be pushed in very gently and slowly, but to a considerable distance, from ten to twelve centimeters (four to five inches) beyond the internal os. The blades of the forceps are now opened, without withdrawing them, and an assistant injects the necessary quantity of liquid. As the filling of the bag progresses, the blades of the forceps separate, they are disarticulated and allowed to drop. When the requisite quantity of liquid has been injected, the tube is closed by means of a stop cock, and in addition a ligature is passed around it; a vaginal douche is then administered, and frequently repeated.

In those rare cases where Champetier's bag cannot be introduced in the beginning, Tarnier's bag may be used first. Strict antiseptic precautions are observed throughout. The author has had occasion to make use of this method in eighteen cases, in the majority of them for contracted pelvis, once for cardiac trouble, and in one case, that of a primipara, for a shoulder presentation of a putrefied fœtus. The circumference of the bag in these cases measured from twenty-two to thirty centimeters (eight and two-thirds to eleven and five-sixths inches). The time which elapsed between the introduction of the dilator and the birth of the child varied from one to fifty-four hours, the latter being quite exceptional. The average was twelve hours. Labor was commenced four times immediately or almost immediately, once twelve hours, and on the average four hours after the introduction of the instrument.

Champetier proposes, when the beginning of labor is delayed, to momentarily diminish the volume of the apparatus, or to make traction upon the tube, so that the bag will press upon the cervix uteri.

The puerperal period was normal in all instances. Of seventeen infants (one being dead and macerated) fourteen were born alive or were resuscitated. The membranes ruptured in two cases at the moment the apparatus was applied.

The mode of action of the dilator was to push the presenting part back into one of the iliac fossæ. It acted like the head of the first fœtus in a twin pregnancy, or like the bag of waters; the cervix disappears, then the os dilates; dilatation is very rapid as soon as the bag is engaged in the os. When completely filled, it gives the sensation of a bag of waters, when tense and resistant. When incompletely filled, it causes a labor which is slower in the beginning. However, M. Champetier finds a double advantage in filling the bag incompletely in the commencement of labor. First, the presenting part is not pushed up as far, and there is less liability to prolapse of the cord. Second, in contracted pelvis, if the dilator, being too voluminous, is kept above the contracted part, it does not rest upon the cervix, and labor is retarded, or perhaps is not induced at all. When the contracted diameter measures at least nine centimeters (three and one-half inches), there is no necessity for filling the bag incompletely. If the diameter measures from seven and one-half to six and one-half centimeters (three to two and one-half inches), it will pass the pelvis, if its contents are diminished 150 grammes (5 oz.). The dilator is completely filled again, as soon as it has descended below the contracted part, as without this being done there would not be sufficient dilatation.

The causes of the rapidity of dilatation are then the tension of the cervix, and the penetration of the rubber cone into the os. M. Champetier thinks that labor might be accelerated without inconvenience by making traction upon the tube attached to the dilator. In two instances the cervix closed again after the passage of a fully dilated bag; however, it rapidly opened again by itself, and two hours later the forceps was applied. After expulsion of the bag, delivery may be allowed to take place spontaneously, if the head, after flexion has taken place, occupies the superior strait, and is inclined to engage in a pelvis that is not too much contracted.

In all other cases, however, labor ought to be terminated artificially.

The author does not lose sight of the disadvantages of the process. The child, being placed in the same condition as the second child in a twin pregnancy, is exposed to the dangers of faulty presentations, and of prolapse of the cord; these conditions may be relieved, however, as there is sufficient dilatation at the time they occur for operative intervention.

On the other hand, the extremely slow progress of labor often observed in contracted pelvis has serious disadvantages. When the placenta is attached near the internal os, it may be detached at the moment of introduction of the dilator. This occurred once with the result that the blood ceased to flow as soon as the bag was filled.

The principal indications for resorting to this method are enumerated by the author as follows:

1. Contracted pelvis.
2. Serious heart trouble, endangering the life of the mother.
3. Dangerous albuminuria.
4. Shoulder presentations, rupture of the membranes and retraction of the womb having taken place without the presenting part being engaged in the pelvis.
5. Retention of a dead and putrefied fœtus.
6. Retention of the placenta with grave septic phenomena.—M. Champetier, in *L' Union Medicale.*

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Relaxation and Management of the Perineum During Labor.

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Dewees advocates the use of hot water, blood-letting or chloroform, in order to diminish vascular and nervous excitement, general or local, and thereby to obtain normal distensibility of the perineal tissues in cases of rigidity of the soft parts. A rectal enæma of *hot water* 120° F., from 1 to 3 pints in quantity, is administered during the interval of pains, with the patient in the left lateral semi prone position; the water is retained as long as possible. The injection may be repeated several times. During the pains, clean cloths wrung out of hot water, are applied to the distended perineum and vulva at as high a temperature as the patient can bear comfortably. In the majority of cases its therapeutic value was chiefly manifested "by giving great comfort to the patient in producing a general warmth and quietude, by allaying both vascular and nervous excitement, by promoting labor pains, by inducing rapid relaxation of the os uteri, vagina, perineum and vulva, and in many instances lessening suffering and shortening labor very materially." A minority of cases will not yield to this treatment; then other means have to be resorted to, namely, blood-letting or chloroform.

In those women "who are mainly of a '*sanguine temperament*'—plethoric, of firm fiber or possess much muscular power, and who are generally composed but irritable," *blood-letting* is considered by the author to be the proper means of bringing about relaxation of the tissues, if the application of hot water has failed to effect it. From 20 to 40 ounces of blood are abstracted, which "frequently acted like a charm in producing rapid dilatation of the parts." Uterine contractions, when weakened from prolonged efforts, were stimulated by this procedure, which the author regards as "a safe, easy and effectual means of lessening the suffering, relaxing the rigidity of the perineum and adjacent soft parts, and often shortens labor very materially."

In those women "who are mainly of a '*lymphatic temperament*'—anæmic, of lax fibre or possess but little muscular power, and who are generally nervous and irritable," the author regards *chloroform* to be the proper remedy, after the previous use of hot water has failed to have the desired effect. It is given moderately, and only during the period of uterine contraction, but continued to semi-anæsthesia. Used in this manner it was often effectual in dilating the parts, and uterine contractions were stimulated; when pushed to complete anæsthesia, however, uterine contractions were arrested.

In order to correct a faulty direction of the uterine forces, preventing proper extension of the head, and resulting in an undue determination of the head against the floor of the pelvis, as occurring in occipito-posterior positions and in deformities of the pelvis, the indications being to guard the perineum by guiding, controlling or aiding the uterine forces so as to operate properly, the author has practiced the following management: When the head is engaged in the pelvis, and advancing with each pain, the tissues rigid and unyielding, the left thumb or two fingers of the right hand are introduced into the vagina and at the beginning of a uterine contraction the perineum is drawn fimly but gently towards the coccyx, as far as is possible, relaxing the tension gradually as the contraction lessens; this is repeated at each contraction until the perineum can be drawn back with slight effort. During the intervals of contractions the parts are fomented with hot water as previously described. Inunctions of lard are also freely used. Thus the contractility of the muscles is *tired out*, relaxation is produced, as well as consequent disposition of the tissues to dilate. The drawing back of the perineum, being done during a uterine contraction, produces no additional suffering. When the head is bulging the perineum, the patient is placed in the left lateral position, the nates to the edge of the bed, the thighs and legs semiflexed, and the right thigh supported during contractions by the nurse in a position about 18 inches from its fellow.

The author continues: "Placing my hands, with thumbs parallel, upon the perineum, about one inch from its median line on each side, the tips forward and on a level with the posterior commissure, the fingers grasping the tissues around the nates on each side respectively, I am able to give the greatest possible aid, by exerting pressure during the efforts at expulsion by the uterine contractions in such amount, in such direction and at such part of my thumbs and palms as the necessities of the case may demand.

This is a combination method-support with a view to relaxation. Pressure can be so exerted at the palms in the direction of the axis of the inferior strait, with a view of extension of the head, and later on in a more forward direction with a view of sustaining flexion of the head; at the tips of the thumbs with a view of retarding the head and preventing its too sudden exit, and also to aid in sustaining flexion of the head during the exit; while pressure at the same time upon the pelvic floor, so exerted as to endeavor to bring the thumbs closer together with a view of pushing the skin from adjacent parts toward the fourchette, thereby securing the greatest possible diameter of the vulvar outlet in that its plane is brought nearest at right angles to the axis of exit of the parturient canal, as well as furnishing the greatest amount of skin for its dilatation, and preventing rupture." The author draws attention to the recent discoveries of various investigators, which tend to overthrow the prevailing views concerning the structures of the perineum, as being one of the essentials necessary to obtain the best results in the management of the perineum. Finally he feels warranted in confidently commending his manner of management from an experience with it of from 12 to 14 years. (In 1,000 consecutive cases of parturition, coming under his care, only 5% of lacerations of the perineum occurred). A thorough comprehension of the principles upon which it acts and faithful attention to details of execution are considered necessary in order to succeed.

The paper concludes with a report of cases well illustrating the undoubted value of the methods advocated therein.—Dr. Wm. B. Dewees, in *Journal American Medical Association.*

Triplets With One Placenta.

The patient, a primipara, was delivered of her first child by forceps at 10 A. M., Nov. 4, 1889. Presentation L. O. A. The second child was born at 6 P. M. on the same day, brow presentation, and at 8 P. M. the patient was delivered of the third child, presentation that of the foot. The children were all born dead, and had probably been dead for several days. All 3 of them were boys, well developed and weighed together 24½ pounds, they being about equal in weight. Two of the cords were attached near the border about two inches apart, the third near the center of the placenta. About four weeks after confinement the patient had phlegmasia alba dolens of the left lower limb, from which she made a good recovery.—Dr. R. S. Van Dorn, in *Medical Record.*

On the Occurrence of Sugar of Milk in the Urine of Pregnant, Parturient and Puerperal Women.

While before parturition sugar was found in the urine in 4 out of 24 women only, and in about the same proportion of cases in women during labor; it was present during the puerperal period in as many as 115 out of 148 cases. In some instances the amount of sugar was as high as 2%. The appearance of sugar has no connection with any febrile conditions that may exist during the puerperal period, but seems to depend upon a stasis in the mammary glands. As soon as from abundant secretion the pressure in the lactiferous tubes becomes greater than the blood pressure, sugar with other liquid ingredients of the milk, enters the circulation, and is excreted through the kidneys. The children of women whose urine contained sugar were found better nourished than the children of women without diabetes. It follows, that the quality of the milk may be judged from the amount of sugar in the urine, and also that the value of a wet-nurse is proportionate to the amount of sugar and the length of time through which it is present in the urine.—Dr. Jacob Ney, in *Arch. f. Gyn.—Schmidt's Jahrb.*

Nitro-Glycerin in Cardiac and Renal Diseases.—Dr. L. V. Holst has employed nitro-glycerin in a number of accidents consecutive to cardiac and renal diseases, such as dyspnœa, angina, palpitation, etc., and the following are the conclusions which he draws from cases which he reports in detail (*Gazette Hebdomadaire des Sciences Medicales*, October 6, 1888):

Nitro-glycerin is a remedy which is capable of affecting the innervation of the heart in the most marked manner; its effects being especially marked in cases of weakening of the cardiac muscles with implication of the valves. The best results, however, are obtained in cases of angina, where it is claimed that the symptoms are not only relieved, but that the disease may be even cured. In cases of kidney trouble, the author states that he has nearly always succeeded in obtaining good results from the use of nitro-glycerin, and even in some cases its employment has led to the disappearance of renal complications as a secondary effect to its regulating action on the heart. In cases of weakness of the heart it may lead to the disappearance of serous effusions, its direct action being cardiac in origin. The great obstacle to its employment is its great poisonousness, and the difficulty of administration. The author has employed a preparation of nitro-glycerin, of which he gives one drop three times a day. If this dose is too small, it may be gradually increased drop by drop, the maximum dose being six drops daily.—*Sanitarian.*

Terebene for Carcinoma of the Cervix.—For the relief of hæmorrhage, pain, and offensive discharge in advanced carcinoma of the cervix, terebene has proved to be a valuable agent. After disinfection of the vagina, pure terebene is mixed with an equal amount of olive oil and applied to the diseased surface by means of a tampon. This is held in place by a dry cotton wad, and the dressing renewed every second or third day.—*Med. Era.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, MARCH 8, 1890.

REVERSIBLE AND ADJUSTABLE RIBS AS AN ABDOMINAL PROTECTOR.

The "gemman with two hearts and two sets of ribs," as he styles himself, has honored us with a call. And here, we would suggest to all of our friends, that if a colored individual, apparently much intoxicated, with an eye and lip swelled out of all shape, walks familiarly into your office, looks searchingly around without readily vouchsafing an explanation of his unceremonious visit, do not, oh do not, proceed immediately to throw him out of the back door, on the supposition that he is a moneyless vagabond in search of the wherewith for more liquor. Do not do this for two reasons: In the first place your efforts might result in your seeking the salubrity of the external atmosphere by a new route—directly through the side wall, for instance; in the second, by such an action you would be liable to miss seeing an anatomical phenomenon that is simply marvel lous.

We mentioned this freak in the REVIEW some time since, when we observed some notes in the Eastern medical journals about him; but we were then somewhat chary in accepting as literally true the descriptions as given. We now stand as unlimited believers in the power of nature to turn herself inside out, when the exigencies of the case require it.

The "gemman" first asks you to examine his abdomen and thorax; when you have done so and have found nothing startling, he advises you to watch closely, whereupon he begins a series of contortions with his abdomen, bulging it out and circling it around in an astonishing manner, until all at once he says "feel there now," and an examination of his abdomen shows it to be lined with a set of ribs as firm and strong as the natural ones which still remain in their usual location. While keeping the hand firmly fixed on this extra set, they are felt to slide upward, apparently into the thorax, at the will of the man. In the next act, with an effort that costs him nothing, the man forces the heart from its usual situation in the thorax down into the left hypochondriac region; and there it may be felt, thumping away, more plainly than when it was at home. Next, by a similar effort, he dislocates his other heart, sending it down into the right hypochondrium, when the pulsation may be felt here and in the normal location at the same time. After this, we are not surprised when he asserts that he can stop his pulse. We are ready to see him do anything, then. He goes through this act, but seemingly with more exertion than the others have cost him.

Last scene of all,
That ends this strange eventful history:

After carelessly handing you his walking stick, which nearly makes you tumble over, as you suddenly discover by its weight that it is a heavy piece of gas-pipe, he says he will bend it across his arm. You submissively acquiesce, wondering the while whether he is a peripatetic hypnotizer in disguise, who has you under his unholy spell, making you imagine all of this. Without allowing you time to arrive at a conclusion, however, he swings his "cane" once or twice and brings it down across his forearm with a force sufficient to give a physician a remunerative income were all of his patients to make a practice of striking their arms in that fashion. But the cane is bent, and the triumph is complete. An examination of his muscular equipment easily explains his wonderful strength; he says his neighbors used to call him Iron-clad, which was a very appropriate appellation.

In addition to these various accomplishments, he claims to be a regular practicing physician, having received diplomas from the Universities of "Edinboro" and Berlin, for graduation in "phygiology, chemistry, malatomy, etc.," by the grace of which, together with his own intrinsic capabilities, he is enabled to cure, on sight, "scrofula, phthisic, fits, liver-complaint, salt rheum, kidney disease, rheumatism, neuralgy, etc."

Without having any direct evidence that would go to support our belief, still we think it possible that for a sufficient consideration our confreres might obtain the secret of his wonderful power over disease, if not that over mind and matter.

THE CAUSE OF DEATH FROM CHLOROFORM.

The inquiry into the causes of death from the administration of chloroform has been recently given a great impetus by the publication of the results obtained by the experiments of the Hyderabad Chloroform Commission. These results have been in rather startling contrast with most of the previous medical teachings on the subject, and have given rise to much discussion. The dominant theory has been that the danger most to

be feared in the administration of chloroform was inhibition of the pneumogastric nerve, resulting in slowing or stoppage of the heart's action. The report of the Commission declares this to be absolutely incorrect, and further declares that however concentrated the chloroform may be it never causes sudden death from stoppage of the heart. Death always comes from the action of the drug upon the respiratory center, and the heart's action becomes dangerously affected only after breathing has ceased. Therefore stimulation of the vagus is a safeguard, and degeneration of the heart does not contraindicate the use of chloroform.

While, as above stated, the dominant opinion has been that the chief danger was from inhibition of the vagus, a small number have taught of late years that respiratory failure was the thing to be guarded against, and that the breathing, and not so much the pulse, should be looked after. The report of the Commission confirms this teaching, but it also goes a step further and says that primary stoppage of the heart never occurs, which must be regarded as an extreme statement, and one giving rise to erroneous conclusions. For instance, an editorial in the *Lancet* declares that 'The practical outcome of the research would appear to be that deaths from chloroform are not inevitable. They are, therefore, preventable, and by due care in its administration they may with certainty be avoided. Again, in the *Canadian Practitioner*: "It must not be supposed that the Commission teaches that chloroform is absolutely safe. Death may occur, but now it must be ascribed to *carelessness of the chloroformist.*"

Conclusions to which so much weight attaches should be drawn with greater care.

Such statements would lead to disastrous results to the attending surgeon when brought before a coroner's jury in a case of chloroform accident.

The journal last quoted goes on to say that "Surgeon Major Laurie has given chloroform more than 10,000 times without a single mishap. He says that careful examination of all the recorded cases of death from chloroform in Great Britain, since 1885, shows that in not one case did death occur when the respiration, and the respiration alone, was attended to." Even so, all such statements are, at best, nothing more than negative evidence, and do not in the least disprove the belief that death may result from sudden inhibition of the heart's action.

A paper in the *Med. News*, of February, 22, 1890, by H. C. Wood, M.D., and H. A. Hare, M.D., throws more light upon this aspect of the question. Their experiments, made on a much larger number of dogs than those used by the Hyderabad Commission, show that chloroform acts as a powerful depressant poison upon both respiration and circulation; that sometimes the influence is most felt at the heart, and death results from cardiac arrest; that in other cases the drug paralyzes primarily the respiratory centers, while in other instances it seems to act with equal force upon both medulla and heart. Cardiac arrest is specially prone to occur when chloroform is administered rapidly and in a concentrated form. They offer as the best explanation of the curious results obtained in India the conclusion that the pariah dogs of that country are affected differently from those of Europe and America. They show that such a supposition is not an absurd one, and urge the consideration that their results show that the action of chloroform upon the human system is not to be estimated solely by any influence which it may have on the dogs of India. While 450 pariah dogs in India have died of respiratory failure, an equal number in America have died of cardiac arrest. Further, they believe that the results of experiments with chloroform upon the lower animals will be found to accord with those obtained in human medicine.

Speaking of the quotation from the *Lancet*, which is given above, Drs. Wood and Hare have the following to say:

"According to the latest edition of Dr. Lawrence Turnbull's work on Anæsthesia, 375 deaths from chloroform have been recorded. If the unreported cases are borne in mind, it must be considered that at least 500 surgeons have had in their practice fatal accidents during chloroform anæsthesia; the actual number of those who have met with fatal results is probably far greater, and among these surgeons we note these names:

Professors Billroth, Dumreicher and Jaeger, of Vienna; Sir J. Y. Simpson, Sir George H. B. McLeod, Mr. J. Farrant Fry, and Mr. Francis W. Clark, of England and Scotland; Drs. Hunter McGuire, J. H. Wellford, and Dr. Chancellor, of Virginia; Drs. W. A. Hammond, A. J. Parsons, and Professors W. W. Dawson, Kinloch and Mussey.

Does the *Lancet* mean to charge that these accidents could have been avoided? That these men have been practically guilty of taking life through carelessness?"

The Relations of Diet to Gastric Ulcers.

The origin of simple gastric ulcer is a subject about which not much is known positively. The view that it is due to a self-digestion of the stomach at one limited spot appears to be universally accepted. Though numerous and interesting experiments have been made to explain the local constitutional conditions which bring about this process of self-digestion, the results, though valuable, have been chiefly negative, and the essential conditions are as yet unknown. It is well known, however, that it is chiefly the alkalinity of the blood which prevents the stomach from being continually digested by its own secretions, and the studies of Dr. F. von Sohlern[1] in this direction have a peculiar interest as well as a certain positive value.

He claims that there is a close relationship between the character of the food taken into the body and the formation of gastric ulcers. While on a journey

[1]Berl. Klin. Woch. Med. Chir. Rundschau.

through Russia he made a short stay in St. Petersburg, and was informed by several leading physicians of that city that gastric ulcer was a very rare disease in that country, excluding the provinces along the Caspian Sea. Inquiry revealed the fact that the diet of the Russians is chiefly a vegetable one.

Pursuing the subject further he found that in two widely separated parts of Germany, namely along the Rhone and in the Bavarian Alps, the inhabitants subsisted upon the same food-stuffs as the Russians, chiefly vegetable, and furthermore that gastric ulcer was also one of the greatest rarities. From this he concludes that a preponderance of vegetable diet confers a certain immunity against ulcus rotundum. He is supported in this belief by the fact, which has been observed, that the herbiferous domestic animals seldom if ever suffer with gastric ulcer.

In seeking the constituents of foods which are responsible for this immunity, he excludes albumen and the chlorides for the reason that vegetarians consume about the same amounts of these as non vegetarians. When we come to consider potassium, however, we find that there is a much larger amount of this element contained in the largely animal diet of the Germans than in the vegetables which constitute in a great measure the food of the Russians and the people along the Rhone and in the Alps. Expressed in figures, the proportions of the former to the latter would be 7.3:9.74—10.26.

Potassium has a most important influence upon the organism, if we accept the results of Bunge's investigations, who found that potassium in increased amounts in the food caused an increased proportion of potassium in the blood and especially in the red corpuscles. To this increased alkalinity of the blood von Sohlern ascribes much of the apparent immunity of vegetarians against gastric ulcers. The fact that peptic ulcer is especially frequent in conditions of chlorosis and anæmia need not be allowed to militate against his immunity hypothesis, for such states of the system are accompanied by quantitative and qualitative changes of the blood and of the red corpuscles, the chief carriers of potassium.

A New Treatment for Chancroids.

Dr. G. Letzel, of Munich, describes a treatment[1] for chancroids which he has employed for some time with excellent results. The results attained by Winckel in the treatment of tears and abrasions occurring in labor by painting with solutions of chloride of iron induced Letzel to employ the same remedy in soft chancres. He was careful to use it only in cases in which no other treatment had been undergone, the cases coming into his hands on an average about eight days after infection. The sores were painted with the undiluted solution once daily for about four days, at which time they were usually found to be covered by smooth, healthy granulations, after which five or six days' use of sublimed calomel as a dusting powder would suffice to cover the sore with a growth of epithelium. The glandular swellings in the groin rapidly disappeared with the use of strong lotions of the subacetate of lead.

The pain caused by painting the sores as described was easily borne, and there was but little inflammatory reaction around its margins. The paintings seemed to have no influence upon the swellings in the groin. In but two cases was the pain so severe as to require the previous application of cocaine, and in these the patients were very nervous individuals.

A point of some importance is that the applications must not be entrusted to the patient, but should be carried out by the physician himself, by means of a small wad of absorbent cotton which is held applied to the sore for some little time, and with which all parts of the sore are brought in contact.

[1]Allg. Med. Cent. Zeit.—Med. Chir. Rundsch.

The Influence of Ventilation Upon Germs.

Dr. Richard Stern has recently carried out some interesting experiments[1] at the Hygienic Institute of Breslau, which led him to the following results:

When the air of a room is undisturbed by draughts or movements the germ-carrying particles of dust settle down upon the floor, and in from one to two hours the air of the room is practically free from micro-organisms. If the floor be now washed with an antiseptic solution, and the furniture, etc., be wiped off with cloths moistened in a germicidal fluid, the room may be regarded as disinfected.

A ventilation which renews the air of a room about four times in the course of an hour has no very appreciable influence towards lessening the number of germs floating in the atmosphere. It is only by means of a strong current of wind, that is to say, one which renews the air of a room at least seven times in the course of an hour, that we can hope to attain a rapid and complete removal of the germs from the air of an inhabited room. Attempts to destroy the germs floating in calm air by means of steam were ineffectual, and according to this the spray is worthless as a means of rendering the air aseptic. Even thorough ventilation is insufficient to remove germs from the floor, walls, furniture, clothing, etc.; and therefore the airing of infected wearing apparel, bed-clothing and carpets is useless unless these are at the same time beaten and brushed. The latter method would of course be open to serious objection in the case of pathogenic organisms.

A Generous Donation.—Some one, who wishes his name unknown, has signified his intention to give a half milion dollars to found a convalescents' home, to be connected with the general hospitals of London.

[1]Zeitsch. f. Hygien. Med. Chir. Rundsch.

MEDICAL ITEMS.

Commencement Exercises.—The Missouri Medical College held its annual commencement exercises at Entertainment Hall, Exposition Building, on Tuesday, March 4.

The Czar a Morphine Fiend.—The London *Figaro* states that the Czar of Russia has become such a confirmed slave to the habit of injecting morphia that he uses daily from twelve to fifteen grains of this drug.

The Latest Strategy of a Paris Paper for attracting readers is the engagement of two eminent physicians to attend gratuitously upon its annual subscribers. Recently the manager of the paper gave notice to one of the physicians "not to prescribe for B any more; his subscription has expired." The doctor replied: "So also has B."

Odorless Iodoform.—Iodoform is now made directly from seaweed in Rouen, France. The iodine solution, freed from sulphur, is rendered alkaline, and converted into iodoform by the addition of acetone and sodium hypochlorite. It is said to be almost inodorous, as the liberation of iodine is prevented, to which the strong odor otherwise present is due.

A Museum for the Illustration of Human Passion.—A new department in museums is announced from Florence, where a "Psychological Museum," for the collection and display of "all documents serving to illustrate human passions," has been established by ministerial decree. Professor Mantegazza is to be director of the new institution, and courses of instruction are to be given there on "experimental psychology".

Influenza Set to Music.—Composer Moroni, Director of the opera at Smyrna, and whose name felicitously rhymes with harmony, having recovered from an attack of the grip, has expressed his gratitude to Hygeia in a symphony, the melody clearly indicating the course of the malady, from the sneeze to the physician's bill. We trust that the audience is not made to experience "the tired feeling" during its performance, and that it ends with a cymbalic jingle of coin in the doctor's wallet.—*N. Y. M. J.*

Persistence of Unaltered Alkaloids in the Human Body.—Pollacani gives the following results of his experiments, accompanying them with the statement that the vegetable poisons are not so quickly destroyed by bodily putrefaction as has been hitherto supposed. No trace of digitalin or santonin could be discovered at the end of four months, while atropine, daturine and physostigmine could be detected thirteen months after. Of codeine a trace was still present after the latter interval. Morphine and picrotoxin could be recognized after twenty-seven months, aconitine and cicutine after thirty-four months, and veratine after thirty-nine months. Curarin remained unaltered after twenty-eight months, and after thirty-nine months its characteristic chemical action could still be obtained, although the physiological test had become ineffectual. — *West. Drug.*

Changes at the Missouri Medical College.—The faculty of the Missouri Medical College having purchased the Post-Graduate School of Medicine, will, in future, use the building of the latter college for clinical teaching, while the old building will be reserved for the didactic lectures.

Drs. Geo. J. Engelmann, Wm. C. Glasgow and H. N. Spencer have entered the faculty of the Missouri school, while Drs. H. W. Herman, A. J. Steele and D. C. Gamble have been elected clinical professors.

With this equipment the three-year course, which begins next fall, will be inaugurated in a most auspicious manner.

The Treatment of Carbuncles with Iodine.—The *Med. News* notes a new treatment of carbuncles and furuncles with tincture of iodine by M. Beauquinque. Three striking cases of carbuncles of the lip, all of them severe, are reported as having been successfully treated by tincture of iodine. The method of application is a very simple one; the crust or film which closes the orifice of the carbuncle having been carefully scraped off, the tincture is applied several times by means of a brush or a dossil of cotton. The procedure does not cause much pain, and even in extensive cases does not give rise to toxic symptoms. For the latter reason the tincture may in such instances be injected into the interior of the lesions. If early applied, the certainty of its abortive action is promoted.

A Refined Mode of Assassination.—As might have been expected, it has remained for a Chicago citizen to devise a means of employing electricity in the wholesome occupation of laying his fellow citizen low for the purpose of robbery and, possibly, murder. The instrument consists in a storage battery of hardly noticeable dimensions, shaped like a cigar-box. "All the thug has to do," says the city electrician of Chicago, "is to connect the battery by a covered wire with a metallic plate in his hand. As soon as this plate touches any part of the victim's body it will floor him. It will work so silently and so effectually that I consider it one of the most dangerous innovations yet made by thieves. Indeed, on a person affected by heart trouble the result would be instant death Police will have to exercise great care in arresting one of the electric thieves."

Surgery on a Sick Bed.—Dr. Hulse, of Bay Shore, Long Island, is reported to have performed a surgical operation on a patient while himself sick in bed. The incident, as described by the injured patient, shows that men of heroic mold are not wanting. A young man

shattered his left hand by the accidental explosion of a shotgun. He was temporarily cared for at a life saving station, and then conveyed across the bay to Bay Shore, and to the house of Dr. Hulse, who was at the time suffering from pneumonia and confined to his bed. Messengers were sent out to the other physicians of the neighborhood, but none of them could be secured for the immediate treatment of the wounded man. The wound was judged by Dr. Hulse to demand an amputation of the hand without delay. He accordingly directed that the patient be placed across the bed on which he himself lay, and, being bolstered up with pillows, proceeded to amputate the hand and dress the wound. The sick physician was suffering acutely during the operation.—*Ex.*

BOOKS AND PAMPHLETS RECEIVED.

The Neuroses of the Genito-Urinary System in the Male, with Sterility and Impotence. By Dr. R. Ultzmann, Professor of Genito-Urinary Diseases in the University of Vienna. Translated by Gardner W. Allen, M.D., Surgeon in the Genito-Urinary Department, Boston Dispensary. Philadelphia and London: F. A. Davis. 1889.

Wood's Medical and Surgical Monographs. Vol. V. No. 2, February, 1890, containing:

I. Action of Uric Acid in the Causation of Disease. By A. Haig, M.D., London.

II. Initial Stages of Consumption, Their Nature and Treatment. By Horace Dobell, M.D., London.

III. Ectopic Pregnancy and Pelvic Hæmatocele. By Lawson Tait, M.D.

Spinal Concussion; Surgically Considered as a Cause of Spinal Injury, and Neurologically Restricted to a Certain Group, for which is Suggested the Designation Erichsen's Disease, as one form of the Traumatic Neuroses. By S. V. Clevenger, M.D., Consulting Physician to Reese and Alexian Hospitals, etc. Pp. 359. Price, $2.50, net. 1890. Philadelphia and London. F. A. Davis.

Text-Book of Medical Chemistry, for Medical and Pharmaceutical Students and Practitioners. By Elias H. Bartley, B.S., M.D., Prof. of Chemistry and Toxicology, and Lecturer on Diseases of Children in Long Island College Hospital, etc. Second Edition, Revised and Enlarged. Illustrated. 1890. Philadelphia, P. Blakiston, Son & Co., 1012 Walnut Street.

Puerperal Fever, or Toxæmic Puerperal Disease. By T. Griswold Comstock, A.M., Ph.D., M.D., Master of Obstetrics, Vienna.

On the Choice of Methods in the Treatment of Uturine Cancer. By Reeves Jackson, A.M., M.D., Prof. of Gynæcology in the College of Physicians and Surgeons, Chicago. Reprinted from the "Medical News," January 18, 1890.

Transactions of the American Association of Obstetricians and Gynæcologists. Vol. II. For the year 1889. Philadelphia; W. J. Dornan, Printer.

Seventh Annual Report of the Philadelphia Polyclinic and College for Graduates in Medicine, Embracing the Polyclinic Hospital, the College Department and the Second Annual Report of the Ladies' Aid Society of the Polyclinic Hospital. 1890.

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CORRESPONDENCE.

NEW YORK LETTER.

New York, February, 1890.

Editor Weekly Medical Review:

At the last meeting of the New York County Medical Association the principal paper of the evening was by Dr. Edward von Donhoff, recently of Louisville, on "The Radical Cure of Hernia." In the course of it he criticized the operation of McBuruey, which has been adopted by our best surgeons, as unscientific, and almost sure to be followed by failure; but he did not present any very definite facts to substantiate the truth of his allegations, and the patients that Dr. McBurney, who was present, exhibited to the association, most of

whom had been operated on at least two years ago, and in all of whom the result was thus far perfect, afforded tangible proof of the apparently permanent efficiency of the procedure.

Dr. von Donhoff expressed the opinion that any method of treatment which involved the direct or indirect massing together of a heterogenous collection of tissues, regardless of their histological peculiarities, would necessarily be attended with failure; and he said that he felt all the more free in making this criticism from the fact that some years ago he reported a series of thirty-four cases in which the method pursued had similar technical faults. All of these which he had been enabled to follow up afterwards had been marked by a return of the hernia, after a very deceptive apparent cure, in a more formidable character than before. In eleven of the cases which he had the opportunity of observing longer than the others, the average duration of apparent recovery, and in the remaining twenty-three he thought the time was probably much shorter, since they are individuals exposed to the dangers of some physical exertion. In this series of cases the *modus operandi* was as follows: The sac having been exposed, was cut off close to the ring, and the remaining lumen was closed by a sufficient number of sutures so placed as to include all the overlying structures and the pillars as well as the stump of the amputated sac. A number of auxiliary retention sutures and superficial sutures completed the work.

The causes of failure in these cases he believed to be: (1) apposition of heterologous tissues; (2) consequent abnormal cicatrization; (3) resorption of effused plastic material and deciduation of tissue strata; (4) recurrence of the extrusion because of disappearance of the temporary support afforded by the semi-organized plastic mass plugging the lumen of the sac and developed as a part of the healing process, but now no longer continuous with the tissues which had become deciduated. After the operation he said he made the mistake of furnishing most of his patients with a light truss, and he could not now but regard this as having had a most injurious effect upon the new cicatricial connective-tissue formation.

Since coming to New York he said he had seen failures after the McBurney operation recorded in the case book of the Hospital for Ruptured, although he could not from these of course estimate the proportion of failures to the total number of cases operated on. In McBurney's method he went on to say, the sides of the gap left open to be filled with a granulation mass were made up of the pillars and the united edges of the divided skin, etc., which had been sutured to the former. The cicatricial mass, if perfectly developed would in due course be marked by plane-lines of deciduation between the connective tissue stratum of the skin and fascia and that belonging to the underlying columns and peritoneum. It was evident, from the result he had seen that no fixed massing of tissues occurred between the pillars. As soon as this resorption was perfected, the possibility and probability of a recurrence of the extension would be established. A not too remotely possible danger was complete disruption of the cicatricial barricade, especially if the mass should be subjected to much adventitious pressure by trusses, etc. It might also happen as an acute accident immediately following the recovery from the operation.

He did not know that such an occurrence had been met with; but it was a perfectly rational possibility attendant upon any method looking for repair of the hernia pouch and operation wound to a granulation process, and not directly contemplating the closure of the inter-columnar, or a similar, space by a close and permanent approximation of homologous physiological tissues.

In the discussion on the paper Dr. McBurney said that the actual cause of hernia, and that which acted continuously in keeping it going when once started, was the natural peritoneal pouch. This existed in almost every individual, and it led to a natural deposit of intestines, and pressure therefore at that point. In operating in cases of hernia his aim had been to get at the root of the evil, and to operate in such a way that the original condition causing and maintaining the trouble should be removed. It was absurd, he thought to attempt to cure hernia by simply fastening up the bottom of the sac at the external ring, which was situated a considerable distance below the real seat of trouble. If the operation was limited to the external ring, the neck of the sac, extending up to the internal ring, would be left in the canal; while if we wanted to effect a cure, it was essential that the whole should be removed. It was very evident to his mind that the one great reason why in all the thirty-four cases referred to in the paper there had been a relapse within three months was because in all of them the operation was at the external ring. The explanation was simple. A portion of the sac was left; and just as sure as any part whatever of the sac remained, just so surely was it liable to become enlarged and give rise to a recurrence of the hernia.

The main idea of his own method, he remarked, was to get at the sac at the very highest point and to absolutely obliterate it. The removal of the entire sac had the effect of inducing the peritoneal lining at the vertical ring to a line with the rest of the peritoneum, and thus did away with the tendency to pouch at this point. In order to give the requisite support from below he had endeavored to bind together by a cicatricial process all the tissues in the canal in the most thorough and complete manner. In the notice of his operation in the paper one very essential point had been entirely omitted. This was the drawing together of the skin and subjacent tissues to such an extent that a space only about one-eighth of an inch was left; that is, the smallest space that would admit the packing of iodoform gauze. The effect of this iodoform gauze packing was to cause healing from the bottom of the wound, and the process was temporarily slow. The result was a very dense and strong cicatricial tissue. He said he should

be very unwilling to claim that this operation was an infallible cure for hernia; but he did believe that the principle on which it was based, to strike at the root of the trouble, was sound. As to the cases referred to in the paper as failures, he did not know who had been the operators or anything about the circumstances connected with them, and Dr. von Donhoff's statements in regard to them were certainly very vague and indefinite. He had himself seen some relapses; but they were exceedingly few, and in all the cases except one the relapse could be fully accounted for by certain existing circumstances which imperilled the process of the operation.

At this same meeting the following beautiful tribute to the late Dr. Louis Hall Sayre, which was prepared by Dr. A. L. Carroll, was read and adopted as a minute by the association:

"The sadly sudden death of Louis Hall Sayre enrolled another name in the memorial list of those who have nobly laid down their lives in devotion to the duties of our profession.

"In the very flower of early manhood, the brilliant promising career opening before him is closed in this world by an act as heroic as aught that history tells of warlike powers.

"The call to relieve another's suffering found him regardless of his own, and, thinking only of the good deed to be done, he perished in its unselfish doing.

No greater meed of praise can earthly chronicle record than that a man so honored his high office as to give his life for it; no better assurance of the Heavenly welcome to a good and faithful servant.

"This association, to the expression of its own grief at the loss of an associate whose qualities of heart and mind commanded affection and respect, desires to add its profound sympathy with those who are bereaved of the son, brother, and husband in whom their love and pride were justly centered."

At the February meeting of the Section on Practice of the New York Academy of Medicine, Dr. F. R. Westbrook, of Brooklyn, read a paper on "The Mortality from Phthisis in Brooklyn and New York,"in which he stated that the aim of his investigations was to ascertain data bearing on the mortality from phthisis in cities which are not ordinarily referred to by systematic writers on phthisis. The points treated on are involved in the following propositions:

1. City life is not necessarily more detrimental to health and longevity than residence in the rural districts.

2. The relatively greater mortality observed in the cities is the result of causes which should be equally efficient in whatever locality they might be operative.

3. The causes of the high death rate among urban populations is to be sought for in defective systems of sewerage; in the presence of larger manufacturing establishments and other industries in the pursuit of which many people are crowded together in a small space, with inadequate ventilation or subjected to pernicious influences of irritating dusts and poisonous gases; in the existence of the lowest grades of tenement houses; in the multiplication of grogeries, and the imperfection of the workings of the sanitary departments of municipal governments. A possible exception may be found in the greater difficulty in the limitation of the spread of contagious diseases in densely populated districts.

4. In addition to the above causes, which may fairly be said to be preventable, the mortality from phthisis in our American cities is greatly augmented by the presence of immigrants and their immediate decendants. In regard to the last point, to which he devoted a considerable portion of the paper, he said that the data at command was not sufficient to give any indications as to the number of generations for which this increased susceptibility is or will be continued; but there could be no reasonable doubt that the process of natural relation and the intermingling of races will gradually obliterate it.

It may perhaps be remembered that Dr. Paul Gibier was sent by the French Government to investigate the last epidemic of yellow fever in Florida. Dr. Gibier is now residing in New York and he has opened a laboratory here which he designs as the first practical step towards the establishment of a New York Pasteur Institute for the preventive treatment of hydrophobia and the study of contagious diseases in general. Dr. Gibier is to be the director and Dr. G. von Schaick assistant director of the institute, and Dr. A. Liantard will be consulting veterinarian. On the occasion of the formal inauguration of the laboratory, which recently took place, Dr. Gibier briefly explained the objects of the institute, and an address was made by Viscount d'Absac, French Consul General in this city, in which he said he was proud to see a scientific work inaugurated in France brought on to America by an ambitious pupil of Pasteur. Dr. Gibier came here recommended to the speaker by Pasteur and Mr. Spuller,the present Minister of Foreign Affairs. One of the notable incidents of his professional career was his selection by the principal medical men of Paris to conduct the autopsy on Gambetta. He is a Knight of the Legion of Honor, and has several times been commissioned by the French Gevernment to make special studies of cholera and other contagious diseases.

SELECTIONS.

WHAT ARE THE LIMITS OF PUBLICITY THAT ARE ALLOWED TO DOCTORS.

The amount of publicity allowed in France, by habit and old custom, varies in different parts of the country, or, rather, differs between Paris and the rest of France. In Paris, it has been the habit of first-class physicians not to allow the slightest kind of publicity; this they carry to such an extent that it is difficult to find them, even if you know the street and number where they live, as they never put the slightest kind of a name-plate

at the street door, nor on the door of their apartments. We related the difficulties of an American who wished to see Dr. Brown-Sequard, some time ago, in the Philadelphia *Medical Times*. He had the street and number of the house, but hoped to find the floor (as is well known, we all live in flats in Paris) by a door plate, as he did not understand the polite *concierge's*, or porter's, direction, "*Au troisieme*" (third floor). So he walked up two flights, and thinking that was high enough for the doctor, he rang; but on saying the name he was told "*non*;" so he walked on up until he came to the top of the house, hoping to see a card or door-plate with the Doctors name on it, but no. He did not like to be beaten, so he rang at *all* the doors, coming down, until he found the right one. This is the habit in Paris; none of the best French doctors have the slightest indication out that they live in a certain house, and they content themselves with their addresses in the city and medical directories. In the country, however, it is quite different, and here the doctor puts his name on a large plate on his door, and, when he can, he puts D.M.P. after it, meaning "Doctor of Medicine of Paris Faculty," for it is the ambition of the provincials to come to Paris to graduate, in place of passing at the country faculties. This Paris M. D. is much esteemed in the country parts. Also, if the doctor is a Professor, he often adds this indication on his sign. This is the extent of advertising among the best class of physicians, who are in the majority. Next to these, in the poor quarters of Paris, is sometimes seen a sign saying, "*Docteur Medicin*," but this is all; the name of the doctor is never put out, only the indication that a medical doctor lives in the house. This class of practitioner is understood to be the cheap order, or one whose fees are small. What is curious in Paris is that a man's name is never, in any class of physicians, displayed on a sign. The oculists and some of the other specialists put out their names at a separate office they keep in the poorer quarters of the city, but they have a first-class establishment elsewhere, and reserve this for what they call their "*clinique*." In certain localities a printed list of the doctors is displayed in the hotels (mostly in Switzerland), but this is not looked upon as legitimate. As to advertisements in newspapers, none but the vilest quacks do this in Paris, and they rarely give their own names. The genital quacks adopt the urinals to advertise in, and even here they mostly advertise under a *nom de plume*, such as Dr. *Bon Ami* (Good Friend). There are some few doctors who advertise their formulas of certain drugs, and others who advertise their works in the daily papers, and one journal makes a specialty of giving the biography of certain doctors, with a portrait of the great man; but the best advertisement of all is to make a speech at the Academy of Medicine or one of the scientific societies, and have it reported in the newspapers (and it is whispered that the best are not above this method of increasing practice); but, in a general way, France is remarkably free of quacks who advertise, and also of quack remedies advertised, as the law does not allow any combination of drugs to be kept secret and advertised as anybody's property. Regular preparations of certain drugs are advertised, but their contents are always stated.—Linn in *Times and Reg.*

THE TREATMENT OF SMALL CYSTIC TUMORS BY INJECTIONS OF CHLORIDE OF ZINC.

BY A. LAUDERER, M.D., LEIPZIG.

The treatment of small cystic tumors, such as ganglion, hygroma, ranula, etc., is frequently attended with greater difficulties than that of larger growths. Both the surgeon and patient are anxious to avoid an extirpation; the former on account of the frequency of recurrences, and the later in consequence of the scars that so frequently result. In young ladies in whom ganglia occur especially on the back of the hand, it is doubtful whether the resulting cicatrix is not as much of a deformity as the former globular swelling, and a scar over the knee is as inconvenient to a servant girl as an old hygroma. It is not therefore surprising that the injection method has, to a great extent, replaced extirpation. The author formerly injected tr. iodine or carbolic acid or alcohol, but had recurrences in one-third of the cases. Since a year he has resorted to injections of chloride of zinc. in 0.1 per cent. solution with very satisfactory results. Conformably to the size of the tumor he injects 0.2 —1.5 ccm. of the solution (without previous injection of cocaine). Occasionally repetitions of the injection are required. The immediate effects are slight. Scarcely any pain is experienced. The cyst becomes firmer, and the surrounding parts œdematous, the œdema subsiding in a few days. The cyst shrinks during the following four or five weeks, and finally disappears completely. The author has successfully treated in this manner five ganglia on the back of the hand, three housemaid knees, hydrocele in a child six weeks old, one ranula. He recommends the method as convenient, reliable, and unattended by irritation,—*Deut. Zeit. f. Chirurgie.*

ABDOMINAL AND OTHER CAPITAL OPERATIONS PERFORMED DURING PREGNANCY.

A. W. M. Robson, M. D., in *Br. Med. Jour.*—There have been five cases in which I have performed a serious operation during the course of pregnancy, and in no case has miscarriage followed; this I attribute primarily to the absence of pain, and the lessening of shock during the operation by the use of anæsthetics, and secondarily, to the entire absence subsequently of any wound complication such as tension, pain, or fever, owing to the strict observance of antiseptic methods.

In no case was any sedative required or given, and in all the cases the wound healed by first intention. Although the operations were serious, and in three involv-

ed extensive interference with the uterus or its appendages, there was not the slightest uterine action set up.

A case of strangulated femoral hernia operated on in the third month of pregnancy is of interest, because of the vomiting of pregnancy graudually merging into that of strangulation, but without much local pain to attract attention to the affected part. It shows the need of examination in severe pregnancy sickness.

In a case of carcinoma of the breast operated on at third month of pregnancy, to have waited was to have condemned the patient to death, for I think it has been clearly made out that carcinoma of the breast grows rapidly during pregnancy, whereas the removal did not produce abortion, and has probably resulted in the cure of the patient. In a uterine fibroid case I think it would have been impossible to have delivered *per vias naturales*, and the removal of such a tumor during labor would, I think, have been an extremely dangerous procedure. The period at which the operation was performed (at the seventh month) would seem to show that, even so late in pregnancy, the uterus is a very tolerant organ.

A case of a rotated ovarian cyst is, perhaps, the most important in the series, and might be worthy of separately recounting, even if pregnancy had not complicated the case. Those who saw the patient would, I feel sure, agree with me when I say that her appearance of extreme illness gave a not very hopeful prospect of recovery; yet she not only recovered, but, having now attained the sixth month of pregnancy, is in better health than she has been for many months.

Hitherto it seems to have been a matter of chance whether the patient would or would not miscarry after an operation during pregnancy. May we not hope that by the use of antiseptics, as well as anæsthetics, we may operate on such cases with a greater certainty of success.—*Arch. Gyn.*

PHARMACEUTICAL INCOMPATIBLES.

Acacia—Incompatible with alcohol, alcoholic and ethereal tinctures;* borax; iron chloride; lead salts.

Acids, in general—Incompatible with alkalies, alkaline solutions; metallic oxides.

Acid, arsenious—Incompatible with iron oxide; magnesia; lime water.

Acid, salicylic—Incompatible with iron compounds; potassium iodide;* lime water.

Acid, tannic—Incompatible with alkalies, carbonates and bicarbonates; lime water; chloride water; albumen; gelatin.

Bismuth, subnitrate—Incompatible with calomel; sulphur; tannin.

Chloral hydrate—Incompatible with alkalies, carbonates,* ammonium and mercury compounds; potassium bromide and alcohol.

Iodine—Incompatible with ammonia;* alkalies, carbonates; chloral; metallic salts; starch.*

Lead, acetate—Incompatible with acacia; acid hydrochlor.; acid sulphuric and sulphates; ammon. chloride; carbonates; lime water; iodine; potassium iodide; tannin.

Mercury, bichloride—Incompatible with potassium iodide;* salts, carbonates; tannin.

Mercury, mild chloride (calomel)—Incompatible with acids, acid salts; alkalies, carbonates; ammon. chloride; iodine; potassium iodide; iron chloride, iodide; sulphur.

Potassium, iodide—Incompatible with acids, acid salts; alkaloids; iron; lead and mercury salts; potassium chlorate; silver nitrate; chlorine water.

Potassium permanganate—Incompatible with ammonia salts; alcohol; glycerin; ethereal oils; organic substances.

Sodium bicarbonate—Incompatible with acids, acid salts; acid tannic; alkaloids; metallic salts.

Sodium, bromide—Incompatible with acids, mineral; chlorine water; mercury compounds.

Silver, nitrate—Incompatible with acids, acetic, hydrochloric, hydrocyanic, sulphuric, tartaric, and their salts; alkalies, carbonates; iodine; potassium iodide, bromide; sulphur; cocaine.—National Institute Pharmacy Lecture IX. *Ind. Phar.*

Those marked with an * are sometimes directed to be compounded.

DOCTORS FEES.

In the course of an article on the above subject, the editor of the *Monthly Magazine of Pharmacy*, etc., states, that while princely fortunes as the result of the practice of medicine are rare, eccentricity, or fear of dying on the part of patients, has been the making of the fortunes of many physicians and surgeons. As examples, the following cases are cited: A certain wealthy major, of the name of Snodgrass, is said to have never offered his surgeon less than 5 guineas a visit, and 50 guineas for any operation, though it were but the extraction of a splinter under the finger nail. A case is recorded by M. Latour of a patient who had such a fear of dying that he instructed a physician to visit him every morning at 9 o'clock, in bed, and paid him 40 francs for each visit. With the approach of age his fears increased, and the visits eventually rose to four a day, for each of which 40 francs were paid. The lucky doctor in this case made 14,600 francs a year out of his patient. Lord Dudley and Ward was in the habit of paying his medical attendant with whatever he happened to have in his pocket. Sometimes the reward took the form of a well-filled purse; at others of a trifling article worth only a few coppers. Dr. Yates, of Brightton, was presented by a grateful patient with a carriage and horses and $500 a year to keep them, and Baron Mourtaloup, another eminent surgeon, received 400 guineas for an operation on a patient who had suffered agony from a distressing complaint which necessitated it.

Of instances of large incomes made without the assistance of reckless liberality on the part of patients, but wholly through the medium of exceptional skill, there are quite a number.

Sir Astley Cooper's annual income was considerably over $15,000. Dr. Chambers and Sir Benjamin Brodie made $12,000 a year, and Dr. Lettson made the same amount. Dr. Mead, who attended Queen Anne, made $7,000 a year. Erasmus Wilson left $1,000,000 after his death, and Richard is said to have made and spent over 1,000,000 francs. There are to-day many physicians and surgeons who have princely incomes as a result of their labors.—*Mat. Druggist.*

CHRONIC OVARITIS VERSUS CYSTIC OVARIES.

Since we have seen that chronic ovaritis is the cause of far the larger part of the suffering and subjective symptoms to be ascribed to ovarian disease, it may not be amiss to compare some of these symptoms with those of cystic disase of the ovaries as set forth in the paper above referred to.

Cystic Degeneration of the Ovaries.

1.—Always very painful.

2.—Pain greatest at menstrual period.

3.—Menstrual flow usually increased and prolonged.

4.—Pain begins with the congestive stage of menstruation and ceases with its cessation.

5.—Never begins until puberty is reached.

6.—Ceases with the cessation of the menstrual function.

7.—Is entirely painless during pregnancy and lactation, if such should occur.

8.—Comes on suddenly and usually with great violence, though not always.

9.—Symptoms are those of actual inflammation at the beginning, or when new growths occur.

10.—The patient generally supposes that she has inflammation of the womb, or some displacement, and is generally treated for it.

11.—Touch of the womb is painful.

12.—Rectal touch gives great pain, especially when the ovary is pressed upon.

Chronic Ovaritis—Olshausen.

1.—Fixed pain in one or both ovaries.

2.—Pain severe, usually lasts through menses, most severe first two days.

3.—Menstruation generally disturbed and excessive.

4.—Pain most severe first two days of menstruation.

5—Occurs almost exclusively during period of sexual activity.

6.—Diseases is protracted lasting sometimes for years.

7.—The some obtains in chronic ovaritis.

8.—Applies to both conditions, but not always in the larger proportion of cases.

9.—Usually begins as acute ovaritis or in some adjacent acute inflammatory disease.

10.—Patient generally arrives at conclusions agreeing with her social position and environments. Is treated as her physician in his wisdom deems advisable.

11.—Touch of the womb causes pain by causing a strain or pressure upon ovaries.

12—The same holds true in ovaritis—Dr. H. C. Crowell in *Kas. Med. Jonr.*

The Liabilities for Injurious Patent Medicines.—The Supreme Court of Georgia has just rendered a decision, says the *New York Herald*, which is likely to attract widespread attention and have a salutary effect on the preparation of patent medicines. It holds that the proprietor of such a preparation is liable to damages for injury done to any person who takes the medicine according to directions.

This liability does not fall upon the druggist who sells the medicine, but it attaches to the proprietor, even when the consumer buys not from him directly but from the druggist. Here is the view the court takes of the matter:

"These proprietary or patent medicines are secret or intended by the proprietors to be secret as to their contents. They expect to derive a profit from such secrecy. They are, therefore, liable for all injuries sustained by any one who takes their medicine in such quantities as may be prescribed by them.

"There is no way for a person who uses the medicine to ascertain what its contents are ordinarily, and in this case the contents were only ascertained after an analysis made by a chemist, which would be very inconvenient and expensive to the public.

"Nor would it be the duty of a person using the medicine to ascertain what poisonous drugs it may contain. He has a right to rely upon the statement of the proprietor, printed and published to the world; and if thus relying he takes the medicine and is injured on account of some concealed drug of which he is unaware, the proprietor is not free from fault, and is liable for the injury thereby sustained."

In rendering this opinion the court said that it could find no American case in which the precise question had been decided before.—*Boston Med. and Surg. Journal.*

Effects of Acetanilide Upon Memory.—Dr. Joseph Haigh, of Grenada, Kan. writes to the *Medical World* of the bad effects of acetanilide (antifebrin) upon the memory in two cases—one in his own person. He says "I used it for about four months in varying doses, from v. to xxx. grs., for the purpose of allaying a distressing cough and pain, caused by the breaking down of an old pneumonic deposit in left lung. I found it a fine agent for the purpose named, but I found also that I was gradually losing my memory. Even the most impressive events and facts slipped by and could not be recalled. I found that this condition depended upon dosage, and that I had control over my memory for passing

events by using this drug lightly if at all. Then when I increased the dose, the same forgetfulness would reap pear. I would even forget the hours of my visits and medicines previously used. Upon stopping the use of the drug, after I became convinced that it was the cause, I then gradually regained my former ability of rembering current events. The other case was that of a girl æt. 13 years, troubled with a chronic bronchial cough, with some headache, both of which conditions acetanilide promptly relieved; but I met with a request, after six weeks' use of the drug, to give a reason for loss of memory. Patient complained that she could not retain a recollection of the events of the day before. I promptly changed my anodyne, and promptly had a change in that peculiar condition of my patient's mind. I have not seen this property of the drug described, and I am positive that it is a property from the personal experience related. I believe it would be well for us all to relate any such experiences from drugs. It would explain many things that seem strange to us when we meet them for the first time."—*Lanphear's Kansas City Medical Index.*

Influence of Menstruation Upon Lactation.—Schlichter, of Vienna, has made a study of the alterations which take place in the milk of nurses under the influence of menstruation and the development of children during such menstruation. He finds that the milk of nurses who do not menstruate contains four times as much fat in the evening as in the morning, notwithstanding which the nurselings continue to thrive. The milk of menstruating women presents no appreciable alteration; caseine is found in the same proportions as in non-menstruating women; the same is true of fat, and the sugar, which has been considered as the cause of diarrhœa, is not increased. The difference between the milk of men s struating women and that of non-menstruating women are less than those which exist in non-menstruating women between the composition of the morning and the evening milk. Schlichter affirms that when menstruation appears in a nurse more than six weeks after confinement, it has no influence upon the milk or upon the child. If it appears before the sixth week it may, like any other hæmorrhage, exert a slight inflnence upon the milk secretion. The dyspepsias and diarrhœas, then, which occur in children nursed by menstruating women, should be regarded as not requiring a change of nurse.

In this connection Exner remarks that mammals suckle their young without inconvenience during rut and even up to the end of gestation. Eisenschitz and Teleky oppose Schlichter's observations and analysis with the general experience of the profession to the effect that milk under the influence of menstruation undergoes qualitative and quantitative alterations which exert a manifest effect upon the nurselings.—*La Sem. Med.—Jour. Am. Med. Ass'n.*

Lozenges of Pyrethrum and Pilocarpine for Relief of Dryness of the Throat and Mouth.—I have used with much satisfaction for the relief of the uncomfortable sensations of heat and dryness which characterize many acute and chronic effections of the mucous membrane of the mouth and throat, a lozenge made according to the following formula:

℞	Fluid extract of pyrethrum, -	2-3 minims.
	Pilocarpine hydrochlorate, -	$^1/_{32}$ grain.
	Pure extract of licorice, - -	2 grains.
	Powdered acacia, - -	2 grains
	Glycerine - - - -	minim.
	Sugar, enough to make - -	20 grains.

The lozenge is allowed to dissolve in the mouth, and one is used every two, three, or four hours, as may be indicated. Should more frequent use be necessary the quantity of pilocarpine should be reduced. The addition of two grains of chloride will often be beneficial in subacute inflammatory conditions of the mucous lining of the respiratory tract; while in more chronic affections, two or three minims of the oleoresin of cubebs will serve a good purpose. The lozenge has a pleasant pungency, and its effect in keeping the parts well moistened is quite marked. Speakers and singers have told me that the use of a lozenge just before lecture or performance has made it possible to do work comfortably which otherwise would have caused much pain and fatigue. It is possible that a little extract of cocoa might be advantageously added for special occasions of this nature.

The lozenges are skillfully prepared by Mr. Frank S. Morgan, of this city, and dispensed by him under the name of *trochisci pyrethri et pilocarpini*—Solomon Solis Cohen in *Med. News.*

Some Points in the Diagnosis of Certain Ovarian From Fibroid Tumors of the Uterus.—Dr. Lewers, in *Br. Med. Jour.*, narrated a case illustrating; the points to be attended to in distinguishing between ovarian tumors and fibroid tumors of the uterus. He summed up these points as follows: first, the history; when the history was of short duration the presumption was in favor of the tumor being ovarian. The patient whose case he had read was not markedly anæmic, and since fibroid tumors of the uterus usually determined exhausting hæmorrhages, this fact pointed also to the tumor being ovarian rather than uterine. The cervix projected normally into the vagina, and was not deflected from the proper situation. Moreover, when tilted, the movement was that of normal uterus. Then the depth of the uterus was only three inches, all of which signs were indicative of the non-implication of the uterus. Lastly, the tumor had soft points, which, if due to softening of a fibroid, would have determined severe symptoms *sui generis.* He pointed out that the chance of a given ovarian tumor being malignant was directly in proportion to the amount of solid matter entering into its structure; hence the importance of an early diagnosis of their true nature.—*Arch. Gyn.*

Physical Troubles of the Great Folks.—"Uneasy lies the head that wears a crown" appears in these days to be true not only from the cares of royalty, but also from their inherited or acquired bodily ailments. The Czar of Russia is said to be hypochondriacal and terribly shaken in the nerves. The Czarina is even worse, and is subject to attacks of intense nervous prostration. The Emperor of Austria is physically healthy enough, but in consequence of the suicide and the sad circumstances attending the death of his son is a melancholy, heart-broken man, while his wife is said to be a martyr to sciatica, rheumatic fever and melancholia. She belongs to the same family which numbers among its members the crazy kings of Bavaria. The North Germans declare that the King of Wurtemberg is more than half demented. King Milan of Servia is haunted by a dread of assassination, and the Sultan of Turkey is in constant fear of his predecessor. The physical defects of William II. of Germany give him almost constant pain, and are well known. The King of Holland is paying the penalty of a dissipated life. The King of Italy suffers from chronic gastric derangement, said to be the result of excessive smoking of green cigars. The infant King of Spain inherits from his father weaknesses which will probably make his life miserable The King of Belgium is lame. The Queen of Roumania is troubled by hallucinations. Queen Victoria may be physically well enough, but she is an irascible old lady, and notoriously difficult to manage. The list might be continued still further.—*Medical Record.*

Saline Hypodermic Injections in Post-Partum Hæmorrhage.—In the Dresden Lying-in Hospital the plan of introducing a large quantity of a solution of common salt under the skin has been very successfully employed in several severe cases of post partum hæmorrhage. The solution is of the strength of 0·6 per cent., and the quantity injected is a litre, or a little under a quart. The spots selected for the injection are the infraclavicular and the interscapular regions. During the progress of the operation the swelling produced under the skin must be manipulated by a sort of shampooing movement so as to disperse the liquid as much as possible. The water with which the solution is made must be sterilized or well boiled. The advantages of the plan are that it can be easily carried out by any medical man, as it is far less difficult than transfusion, besides which it is not so dangerous. Dr. Munchmeyer considers the plan so suitable for private midwifery practice that he suggests that a little apparatus, which is made on purpose for it, should always be carried in the obstetric bag, together with the proper quantity of cammon salt. Boiled water can always be procured, and this, when cooled down to the temperature of the body, 98·6° F., will do very well though in hospital clinic he employs a more strictly sterilized solution.—*Lancet.*

Articular Rheumatism Jugulated.—We recently visited a young collegian suffering from commencing rheumatism. The evil had declared itself since the previous evening in the form of a fever preceded by chills and accompanied by a pronounced general debility. His eyes were watery and he was troubled with palpitation, cephalalgia and constipation; apepsia was complete; temperature, 102.7° and mordicant; pulse, 110..

The proper treatment was clearly indicated by the symptoms. I ordered an enema of Seidlitz Chanteaud, to be followed by granules of brucine, digitaline, aconitine, hydroferrocyanate of quinine and arseniate of antimony, one granule of each (given together) every half hour.

In one hour from the beginning of treatment diuresis and diaphoresis were fully re-established. The tongue had become moist and the patient said he was hungry. He had, in fact, eaten nothing for twenty-four hours.

We ordered broths for him, and, on the following day, he ate at the common table as usual.

What would have resulted had we commenced treatment in the usual manner with salicylate of soda in high doses?

Well, the existing symptoms would have been aggravated, and, instead of having on our hands a simple case of arthritis we would have been called upon to treat an acute rheumatic fever.

How soon will physicians open their eyes to the real significance of such facts as these?—Dr. Burggraeve, in *Dosimetric Med. Review.*

The Effects of the Electric Current on the Female Generative Organs.—It is only a few years since the application of electricity as a therapeutie agent had almost entirely fallen into the hands of quacks. Apostoli has, by his energetic efforts, prominently brought electric therapeuties before the profession and public, as applied for the treatment of uterine fiboids. Recently, Dr. W. K. McMordie, of Belfast, has made a number of experiments relative to the effect produced by the current in case of uterine fibroids, and in uterine hæmmorhage where the cause was obscure. He applied it as follows: One pole attached to a conductor in the form of a uterine sound was placed in the uterus, and the other to a flat conducting surface, was placed over the abdominal parietes corresponding to the fundus uteri.

He found two effects when the current was applied from ten to twenty minutes. When the external os uteri was small it dilated; and in a considerable proportion of the cases in young females, the sexual orgasm was distinctly produced. It has no effects either on fibroids or the hæmorrhage. So frequently was the sexual orgasm produced that Dr. McMordie gave the treatment up in disgust. It made no difference whether the positive pole or the negative pole was inserted in the uterus.—*Medical Press and Circular.*

Threatened Abortion.—The treatment of threatened abortion is becoming a matter of considerable importance,partially on account of the change in the mode of living of the women of the present day, and partially because of the alarming frequency of criminal abortion. An interesting case is reported by Dr. E. S. McKee, of Cincinnati, which is worthy of mention. Was called hastily to see a woman suffering from uterine cramps. She was found in the seventh month of pregnancy and seriously threatened with abortion. Dioviburnia of the Dios Chemical Co., St. Louis, was prescribed in dessert-spoonful doses four times a day. The pains subsided and the threatened abortion passed off. About one month later was called again and found the same condition of affairs, except that the woman was now in the eight month of labor. She begged for the medicine which had relieved her so much before, and was given the Dioviburnia in the same dose. This threatened miscarriage also passed by, and the woman was in due time delivered of a fine healthy child. After the delivery was safely over, she confessed to her attendant that she had on both these occasions made desperate efforts to bring on a miscarriage. The remedy has done quite well in other cases, but this is probably the one most marked. It merits further trial.— Compiled by McKee, Cincinnati.

The Treatment of Sciatica.—It is essential in every case of sciatica to prescribe complete rest of the limb, and most cases, if treated in this way, with the addition of hot linseed meal poultices along the affected nerve, will soon get well. In the gouty habit, it is also advisable to order saline purgatives and iodide of potassium in five-grain doses together with a similar amount of antifebrin. Hypodermic injection of morphia or cocaine will often give relief to the pain, but have no curative tendency. If there be fullness at any part of the nerve, acupuncture or leeching may be tried; and, failing these, massage and electricity must be used. Galvanism should be used while pain exists, and in the way recommended by Dr. Steavenson, who applies a wet pan, of metal and amadou, connected with the positive pole, over the abdomen, and moves a carbon disc electrode connected with the negative pole gently up and down over the course of the sciatic nerve. Dr. Eccles think it not unreasonable to suppose that much acute suffering in sciatica is due to the pressure of the abnormally increased fluid within the nervi nervorum; and he suggests that the degeneration of the nerve fibres is due in many cases to the interference with their nutrition by the œdema within and the stagnation without the affected nerve sheath. This theory offers an explanation of the good results which often fellow acupuncture, leeching, or massage. Nerve stretching should only be employed as a *dernier resort*; its chief value probably consists in the release of the nerve from adhesion.—Simon, *Birmingham Med. Review.*

Ergot in Childbed—Dr. Pinzoni has made some interesting clinical experiments in order to determine, with something like precision, the value of ergot in childbed. He administered systematically to 91 lying-in patients, generally in the form of about 2 grammes of the powder daily. Seventy-nine similar cases were treated without ergot. After comparing the series, he came to the following conclusions: Ergot has little or no influence on the temperature; at the most a slight rise is observed. It hastens the pulse a little, yet has no marked influence on the physiological slackening of the pulse observed during the first days after delivery. The physiological increase in the secretion of urine during the first days, is favored by ergot. The involution of the uterus, according to Dr. Pinzoni's researches, is either totally uninfluenced by ergot, or slightly retarded. The escape of the lochia remains normal when that drug is given; but clots, as universal experience has proved, are more readily expelled. The lochia seldom smell fœtid when ergot is taken. Ergot delays the after-pains in primiparæ, and lessens them when they have already commenced. The secretion of milk is retarded and lessened by ergot, and sometimes completely suppressed. Ergot seems, in the belief of Dr. Pinzoni, to be a prophylactic against puerperal fever, and an indirect antiseptic agent. When infection has already taken place ergot appears, on the other hand, to hasten the entrance of the virus into the circulation.—*Bollettino delle Scienze Med.—Medical Age.*

A Simple Way of Fixing Martin's Elastic Bandage.—Drs. Kœdkert and Zellwieger, of Geneva, suggest a simple and effective way of fixing Martin's elastic bandages in cases of ulcers of the leg, thrombosis, etc. The useless terminal non-elastic tapes should be cut off, and the bandage wound round the leg in the usual manner until there remains a piece about twenty centimetres long. The latter should be thoroughly moistened with water, and then carefully adjusted under the two uppermost turns. The moisture is said to secure such intimate contact between the touring,that the bandage remains in position all day as if glued on. On the other hand the plan prevents the feeling of weight and œdematous swelling which are often caused by fixing the bandage in the ordinary way.—*British Med. Journal.*

Oxidizing Dentifrice.—Gawalowski recommends the following as a very efficient dentifrice, innocuous to the enamel of the teeth:

Cuttle fish bone, - - - q. s.
Peroxide of hydrogen, 4 per cent - q. s.

Mix the powdered cuttle-fish bone with the peroxide to form a stiff paste, and use this for brushing the teeth, which gradually become bleached.—*Zeit. Oest. Ap. Ver.*

THE TREATMENT OF CONSTIPATION IN PATIENTS SUFFERING FROM UTERINE TROUBLES.—Like dyspepsia, the treatment of constipation in these patients presents special indications, which are important to know.

It would seem that after we have given a purgative, and generally the least disagreeable one, that it would only be necessary to continue the same to establish the proper treatment.

Nothing is less reasonable.

In women subject to uterine haemorrhage, or even only abundant menses, the usage of drastic purgatives should be forbidden, as well as of rhubarb.

This last substance should never be used where there is abundant menstruation, nor when hæmorrhoids are present.

On the other hand, it is rhubarb which we must choose in lymphatic patients who are gaining in weight and who notice a diminution in their menses:—

℞ Powdered rhubarb, - grammes, 10.
Aceate of potash; - - " 2
Divide in 20 powders.
Sig.: Take 1 pill before each meal, every day or every other day.—*Med. Bull.*

SALOL IN GONORRHŒA.—Dr. Dreyfous has treated seven cases of gonorrhœa with salol. The doses varied from 5, 7 to 8 grammes. The discharge was less abundant. In a recent case, in which gonorrhœa appeared some time before seeking advice, Dr. Dreyfous obtained a complete cure in a few days. M. Dreyfous has tested the effect of salol administered alone, and in other instances he has given it simultaneously with copaiba and cubebs iu order to hasten the cure. He recommends the use of salol to surgeons who operate on the urinary organs; it renders urine aseptic, which is thus innocuous when in contact with raw surfaces. Aseptic and antiseptic conditions result from giving salol internally.—*Brit. Med. Journal.*

TEST FOR BILE IN URINE.—Chloroform, as a test for bile in the urine, is ready, delicate and certain. All that is necessary is to agitate a few drops of it in a test-tube, along with the supected urine. If bile be present, the chloroform becomes turbid and acquires a yellowish hue, the depth of which is in proportion to the amount of bile present; the test-fluid remains limpid.—*N. Y. Med. Times.*

FOR BACCHANALIANS.—Half a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore his faculties and powers of locomotion to a man who is helplessly intoxicated. A wineglassful of strong vinegar will have the same effect, and is frequently resorted to by drunken soldiers to enable them to return steadily to their barracks.

USEFUL FORMULÆ.

THE ADMINISTRATION OF CHLORAL.—Widerhofer recommends the following in the treatment of convulsions in children:

℞ Chloral, - - - gr. vijss to xl.
Water, - - - - - - fʒij.
Syrup of bitter orange-peel, - fʒv.
Teaspoonful to be taken every two hours.

The following has been recommended by Yvon for administration to adults:

℞ Chloral, - - - gr. xxx to xlv.
Bromide of sodium, - gr. xxx to xlv.
Syrup of codeine,
Syrup of bitter almonds, - aa fʒss.
Water, - - - - - fʒij.

The following is likewise recommended by Yvon in cases of asthma and dyspnœa:

℞ Chloral, - - - gr. xxx to lx.
Iodide of sodium, - - - gr. xxv.
Simple syrup, - - - - fʒv.
Tablespoonful to be given every hour.

As an enema in infantile convulsions the following has been proposed:

℞ Musk, - - - - - gr. iij.
Chloral, - - - gr. vijss to xv.
Camphor, - - - - gr. xv.
The yolk of one egg,
Water, - - - - - fʒij

As a suppository chloral may be used in the following combination, in which the caustic and irritating action of chloral is largely overcome:

℞ Chloral, - - - - gr. vijss.
Extract of belladonna, - - gr. ⅓.
Cocoa-butter, - - - - gr. xlv.
—*Revue Gen. de Clinique et de Therapeutique.—Therapeutic Gazette.*

CHILBLAINS.—

℞ Acidi carbolici, - - drachms, 1.
Tinct. iodi, - - - " 2.
Acidi tannici, - - - " 1.
Cerat. simp., - - - ounces, 4.
Misce bene et ft. ungt.
Sig. Apply two or three times a day.—*Medical Calendar.*

BUTYLCHLORAL IN FACIAL NEURALGIA.—The *Medical News* calls attention to Liebreich's recommendation of butylchloral in facial neuralgia, in doses varying from fifteen to forty-five grains a day. The formula is as follows:

℞ Butylchloral, - - grains, 45 to 75.
Alcohol, - - - - fl. dr., 2½.
Glycerine, - - - " 5.
Distilled water, - - - fl. ozs., 4.
Of this the patient is to take a tablespoonful at a dose.—*Journal of N. & M. Diseases.*

ORIGINAL ARTICLES.

NOTES ON THE USE OF STATIC ELECTRICITY IN GENERAL PRACTICE.

BY ANDREW GRAYDON, M.D., PHILADELPHIA.

To answer the many inquiries that come to me as to the results obtainable from this agent I present this paper. Living as we are in this age of discovery, when new drugs and operations are being brought to our notice, we are prone to overlook the older forces.

It is of one of these latter that I am to address you. It is a powerful auxillary in the practice of medicine, and has been used for a number of years, but never in its present reliable form.

Much of the disrepute into which this form of electricity has fallen has been due to the unreliable form of the instrument with which we had to work. Changes of seasons, humid atmospheres, location of offices, lack of proper appliances, expensive outfits, have all tended to create in the physician's mind a distrust, or a disinclination to investigate by practical experience the merits of this agent. All these objections, to a very large extent, have been done away with in the Waite and Bartlett machine.

I have no theories to advance in this paper, simply giving what I have demonstrated. And I want to say at the outset that I was driven to the use of electricity because I could get results from it not to be had from other modes of treatment.

It is a fundamental truth that prejudice should never be allowed to stand in the way of progress; that no student should be hindered in his research after positive forces by the existence of a bias in the opinions of his fellows. The rules that bind the physician to his work should not be arbitrary. Results sought for come along different lines, but they bring up at the same point. We are working primarily for curative ends; must we all tramp in the same ruts, or over the same foot-worn paths? Are there no roads to success but those laid out by other faithful workers? Certainly our medical training and experience have taught us that different ones are achieving success, but not by the same methods.

And now, in this matter of electricity, why is it that you will not allow these principles to have free play? Is it not a fact that the whole use of it has been handed over as the legitimate field for irregulars and quacks, and that when a physician in the fold does begin to use it, and use it as you would any valuable agent, medicine, or instrument, he is looked upon with, at least, suspicion.

Is it not so that the profession, as it is now beginning to use it a little, handle it, as it were, with gloves on, lest it soil its hands with the unhallowed dirt of bygone empiricism? I protest that this is not the spirit of fairness and equity, nor should it be that of the nineteenth century. In the face of this prejudice in the ranks of my profession I have followed the leadings of my inquiries, and what I have found is only that which any student and worker may find. In these days when the spirit of progress is rife, and medicine is getting to be more and mere scientific, when its followers are not satisfied with more statements but demand proof, I protest against this prejudice, which hinders many from leaving the iron-bound environments laid down in the spirit of the past, intolerant and arrogant, to prove for themselves. There seems to be a fear in the minds of many, a dread, that to be known as one that works with electricity necessarily names them before the profession and public as electricians (and is the profession entirely blameless of encouraging the idea?). Is a physician, therefore, a hydropathist because he may perchance, at times, order baths? Is he to be called a Thompsonian because vegetable drugs are found to be prescribed by him? or a homœopath in his ideas because he uses some of his remedies in granular form?

Cannot the general practitioner take advantage of the evolution that is going on around about him without having a sneering opprobrium given him? Are not some of the "foremost specialists" in Europe "men of large family practice?" and would you question their ability to diagnose a fibroma, and treat it by whatsoever means they elect, perhaps by electricity, or must they send their patient to a specialist pure and simple, who may not be able to write a prescription for an ordinary bronchitis?

It is time for physicians to break the thraldom and vindictiveness of the past, and encourage all workers who labor along various lines, as long as they follow truth and science, even if they do not run parallel with moss-grown principles.

I have been in society meetings when the mention of electricity roused a spirit of opposition only equalled in the fierce animal at the sight of red. Or, if not that, it is one of disbelief and contempt. Now this ought not to be. I do not make any extravagant claims for this agent. There is much we do not attempt to do with it; on the other hand, it can be proven to the fair and honest mind that there is a great deal it *will* accomplish, and that painlessly and surely; and that, too, in conditions where no curative agent obtains.

One of the first advantages that makes itself felt to the worker with the static current is the fact that no disrobing or removal of any clothing is necessary. A lady can be treated, the current applied as directly to the part to be affected through the seakskin coat as her dressing-gown. This is an important item to the busy physician and the modest female. It is not necessary to remove rubber overshoes even, to receive the full benefit of an application. You can see how this applies when the patient is treated with the "static insulation," or, as it may well be called, the static bath. Effects equally good are obtained by this method as in "general galvanization," or "general faradization," and with in-

finitely less trouble and exposure; since, in the latter two forms, almost complete uncovering of the body is essential, while in the first none. Let me explain what is meant by static bath or insulation: A patient sits upon an insulated platform connected by a chain or wire to either pole of the machine, we will say the positive. The negative is joined through another chain to the floor, if uncarpeted, or to the gas pipe, and thus grounded. The poles of the machine, sliding rods, are then separated widely, and the wheels, glass plates, I should say, are set in motion by means of hand-power, electric, or water-motor. The patient, thus placed, is being charged with positive electricity. According to the conditions of the atmosphere the manifestations of the presence of the current are very apparent; for instance, the hair, unless oiled, stands on end, a tingling is felt throughout the body; more so in those parts unclothed. A seance of this kind, if kept up for ten or fifteen minutes, produces active perspiration.

In neurasthenic patients, in whose vocations demand large inroads upon their nerve-force, consumption of it being greater than its generation, I have seen speedy and lasting results follow this mode alone, or combined, if indicated, with the spark, direct or indirect. I would not decry "general galvanization," or "general faradization"—they are very valuable methods of treatment, for which we are indebted to Drs. Beard and Rockwell, but in the matter of convenience and speedy results I prefer "static insulation" in a large number of cases. Then, too, it can readily be seen how a series of platforms can be arranged and connected, upon which a number of cases can be treated at the same time, to the saving of much time.

There is a sense of exhilaration following this process which is appreciated and remarked upon by the patient, that I have never seen from other forms. Dr. Morton, of New York, explains the results produced through the law of inhibition, remote parts affected by "polarizing the peripheral distribution of the sensory nerves."

While your patient is insulated the spark can be used by attaching the proper electrode. By using the wooden one, in shape of a point or ball, a very agreeable effect is produced, giving the sensation as of a shower of sand being driven gently against the body, or that of a stream of air. This either through the clothing or on the uncovered skin. These wooden electrodes I also use about the head and face, concentrating the action of the current over regions of the brain and organs of special sense, with good and never bad results. I have applied this form of electrode to eyes with the deep-seated, burning, boring pain, occasioned through nerve-tire from any cause, and have obtained prompt and positive relief at one sitting.

As a pain reducer I have never seen static electricity equalled in a single agent. Let me illustrate by a case, trifling it may seem to you and me, but it was a condition which I was called upon to treat or turn away from as unworthy of notice. A young lady presented herself apologetically, in my office, with a bunion that crippled her. As she was a society girl, and very fond of dancing, it was a great annoyance to her. This trifling, little, insignificant bunion put a check on her pleasure. I was brought to see the fact, as it often happens in our practice, that what is almost contemptible in its littleness, enables us to get the confindence of the patient in graver matters. So it happened in this case. I insulated the lady, and, without removing the shoe during treatment, drew with the wooden ball electrode a fine spray of current directly from the painful spot. The application was pleasant, and followed by immediate relief, which was complete after four or five sittings.

Again, a lady, in running for a street car, fell upon her knee. She came into my office about three hours after it had happened, with knee swollen, stiff, and painful. Through all the thickness of her clothing the same mode removed all pain.

A case of lumbago was given two treatments on consecutive evenings with the metal ball, sparks half an inch long, with the same happy results.

Cases of neuralgic type yielded to the spark applied over the painful area. Headaches, not dependent upon stomach derangements, show results that are marvellous. In these, and brain affections generally, the treatment is by the douche and brush; and sometimes the wooden ball and point. I have seen cases, without number, of nervous headaches, in which the drain upon the nerve-forces has been enormous, in the merchant, physician, lawyer, actor, student, housewife, in male and female, yield promptly to this treatment.

In that class of senile headaches which defy routine treatment the results are most happy.

With cerebral hyperæmia I have had the best of effects. Stimulating the vaso-motors, it sweeps on the stagnant current, and equalizes the circulation, thus relieving the pain and pressure. A case in point will illustrate the treatment of this class of cases:

Mrs. J. has been suffering from chronic cerebral meningitis for six or seven years. During this period she has been treated by the best men in the city. Everything that routine treatment could devise was used. Counter-irritation of every degree of severity was applied, until, as she says, "they told me there was nothing else to be done, and I must suffer all the rest of my remaining life." About three years ago she was put upon the static current against the wishes of her physician, who opposed electic treatment. It is the only treatment that has ever given any alleviation from, and moreover lengthened the intervals between, the agonizing headaches consequent upon the congestive condition, amounting to a mild delirium. Very true, it is only pallative, but before she did not have even *that*. When the treatments are neglected for any length of time, she has a frightful attack of congestive headache.

The *modus operandi* in her case is to insulate her, and with a wire brush connected with a chain to one pole of the machine, the platform on which she sits to the other pole, the current is drawn from directly over the pain-

ful area, not, however, allowing her to feel it, as the current is not broken, since the operator puts himself in the circuit. I supplement this with the douche.

As I say, I have found this treatment very satisfactory.

In the matter of difference of poles I have seen pain relieved in headache affections with the positive current and irritated by the negative, and *vice versa*. Each patient having a rule of his own governing the application. This effect of polarity I have only seen in the above-mentioned class of ailments, not elsewhere.

We can also derive from the static induced the benefits of the faradic current, with the additional advantage of a "fixed polarity and direction, and greater electro motor force," less pain in application, and convenience in use. Powerful muscular contractions are obtained by the spark, the effect of which blow is not limited to the immediate part subjected to it, for the reflexes are deeply and widely stirred, and, as Dr. Morton puts it, we get "simple mechanical disturbances followed by a local alteration of nutrition, and reflex action from the irritation of the peripheral distribution of nerves."

The following are the deductions I would present in concluding this paper:

1. Static electricity is a safe and reliable agent in the practice of medicine. I do not mean to say that its reliability is of such a nature that its environments are to be neglected. For example, the office in which the instrument stands must not have any dampness about it. That state of perfection has not yet been reached that will give a static current at all times in an office so damp that the paper will not stick to its walls. A wooden case can hardly be made which will not absorb some moisture in an atmosphere like that. In placing a machine I should see that there was no wet cellar under it, if the office be on the first floor; when the room is on the second it is not so material.

2. This treatment can be applied pleasantly and with benefit to patients, and at times when the galvanic and faradic cannot be used.

3. In "static insulation" we get results only attainable from "general galvanization" and "general faradization" without the expense of time, trouble and exposure —and frequently, too, after both those forms have failed.

4. In many forms of pain prompt and permanent relief follows its application, such as is unequalled by other agents.

5. As a tonic in systems overwrought, overdrawn, mental grip slipping away, it performs a very important part. The readiness with which it can be applied, and the good results obtainable, prompt me to make use of its properties frequently.

6. In various forms of headache its effects are uniformly good. It is a common remark to hear from patients, "I can feel the pain being lifted, and heaviness going," or similar expressions indicative of appreciable relief.

7. In the treatment of insomnia the use of the douche is effective, a feeling of drowsiness making itself felt during its application.

8. In treatment about the head I have found a difference in the effect between the positive and negative poles, not elsewhere.

9. The benefit of the faradic current is obtained from the static inducer.

10. Growth of hair, I have observed, has been promoted, and the falling out of it stopped in some of my cases of head pain.

Dr. Carpenter and Dr. Ranney both report remarkable changes in the appearance of the so-called "ivory spots," or alopecia areata. Cases of eczema have also been reported by observers treated and cured by the spark.

I add the following from Dr. Ranney: "I have found heavy static sparks surpass any other form of electrical application for the relief of contracted muscles. Post-paralytic contractures, old deformities from preternaturally shortened muscles often yield like magic to the influence of heavy sparks. I know of no other agent which exerts so marked an effect of a happy kind upon the 'lightning pain' observed in locomotor ataxia as do the heavy static sparks."

Other indications have been met successfully by this agent and reported by other observers.

Enough has been said and more can be added to satisfy any inquiring mind that in static electricity we have a force that has earned for itself a place in the armamentarium of the physician in his search for relief-giving agents.

SANITATION VERSUS CONTAGION.

BY E. B. RIGHTER, M.D. ATHENS, ILL.

Some two or three weeks ago, I wrote a short article for the *Free Press* in which I spoke of the necessity of taking immediate steps toward securing better sanitation in Athens and its vicinty than now obtains, with the sincere hope that a general statement of the facts in the case would be sufficient to awaken that interest necessary to a thorough cleaning up in details.

It was not my intention then, neither is it now, to make personal mention of the many disease-producing causes that exist in the community at the present time, for they have already assumed the prominence due them through their local historic claims and staying qualities.

Now, in all seriousness of purpose, I wish to treat of this question of sanitation, by a plain steatment of such views and so as are held tenable by the most enlightened authority of the present day; to the end that not only our village board and board of health, but our citizens generally, may realize the grave responsibility resting upon them as the result of their negligence. Also to show the necessity of an intelli-

gent and hearty co-operative action against this pestilential combine. We see harmony of action in questions where our religious, political and social interests are involved. We take great interest in all general public enterprises, such as civil service reforms, building of interoceanic canals, better coast defences, etc., all of which is perfectly right, but over which we have little or no control. And yet how much more necessary is it for us to take a proper interest in those things which we can control, and which so directly concern our life and health. I do not believe this disregard of the known laws of health arises so much from opposition, or antagonistic views, in relation to proper sanitation, as from our truly American tendency to undervalue the great importance of the homely little facts of every day life that we may reach out and grapple with great question in broad fields of speculation. And as an intelligent understanding of a subject is requisite to its proper appreciation, we will enumerate some of the many causes of diseases together with the necessary means to be taken to counteract their influence.

In the first place it is a known fact that a susceptibility to disease exists as a rule both in frequency and severity in proportion to the general tone or vitality of the system. Also that the tone or vitality of an individual depends on his habits of life, and his hygienic surroundings, *i. e.* fresh water, pure air, wholesome food.

It is also a fact that the most frequent and formidable diseases, such as typhoid, dipheritic and scarlet fevers, do not depend so much upon climate and atmospheric conditions as they do upon the presence of disease germs and contagious poisons, and that these disease germs and poisons are contained in the discharges of fever patients, that find their way to water closets and privy vaults, there to await those favorable conditions afforded by warm and wet weather, under which circumstances it is possible for them to find entrance to the system through the medium of the air and well water.

It is a mistaken idea that either time or extreme cold will suffice to destroy these microscopic messengers of disease and death, with which old water closets, cesspools and privy vaults are reeking to-day, for want of effectual disinfection of discharges of fever patients in years gone by.

Another important fact is that, owing to the infected, condition of the air and water, there is and has been for the past few years, to my knowledge, an unusual amount of sickness and a continual tendency to diseases of a zymotic character.

Sore throats and catarrhal ailments of all varieties have been prevalent, both in and out of our public schools the greater part of the time.

And while the disease germs and contagious poisons are not always sufficiently active to produce an epidemic or even a single case of disease, they not only render the patient doubly and trebly susceptible to epidemic disease, but complicate and sometimes render fatal many other ailments of an otherwise mild nature.

This is in nowise a fanciful or overdrawn picture, but a simple statement of only a few of the principal facts in the case, and, facts too, that should be deeply impressed on the mind of every one. It is a duty we owe ourselves and fellow man, to take such measures as will afford the most effective protection against the ravages of our common enemy, sickness and death.

In regard to the necessary measures to be taken, they are few and simple and quite within the means of the poorest. They consist, in the first place, in having all water closets, cesspools, sinks, drains, privy vaults, etc, so situated that they will not naturally drain towards the wells.

In the second place, to have all the above mentioned places thoroughly disinfected with a solution of corrosive sublimate 1 ounce, and sulphate of copper ¼ pound, to the gallon of water, taking about one part of this solution to four of the contents of a privy vault, care being taken to wet all sides and exposed portions of woodwork of the vault, after which the contents may or should be removed and buried.

For, although it is the popular belief that burying the infected contents of a vault insures thorough disinfection, such is not the case. The germs of contagious and infectious diseases may lie buried in the ground for years until such time as the surface soil may be saturated with water, to then be disseminated through the surrounding media according to the laws regulating the density of fluids, until they find their way to the well water.

In times of health the occasional use of this or some other effective disinfectant, such as chloride of lime, permanganate of potash, or sulphate of iron, and during the process of a contagious or infectious disease, the daily treatment of all the excreta of the patient to the sublimate solution above mentioned, before being buried or thrown into the vault, will, if throughly done, render them harmless.

And I will again urge the necessity of throughness and concert of action in all sanitary measures mentioned. For if out of a thousand death-dealing vaults and cesspools only one should remain unsterilized, that one would be sufficient to inaugurate an epidemic at such time as all other conditions were favorable to it.

All water closets, sinks, etc., if there are such that are connected with dry drains or sewers that are not provided with efficient traps, together with a sufficient water force to keep them properly flushed out, should be abandoned at once as they are especially the most dangerous.

All wells where water is used for culinary or drinking purposes should be thoroughly cleaned out, at least, every spring and fall. Cellars and caves also should be kept dry and free from all decaying vegetable matter and receive an occasional coat of whitewash. For although damp rooms and cellers, while they may not produce the specific germs of contagious disease, they are the most fruitful and pernicious agencies in the production of at least the susceptibility to such diseases as scarlet fever and diphtheria.

Cleanliness is godliness. Let us then have a thorough cleaning up before the christian spirit of meekness and resignation to the will of Good is painfully brought home to us in having to ascribe the reign of some dreadful epidemic to the visitation of Divine Providence, and to seek consolation in the comforting assurance that God chasteneth whom He loveth.

One word more and I am done for this time.

It is not efficient sanitation for the Board of Health to enforce the nuisance act against a few pig pens or cow sheds, for although they may be objectionable from an olfactory point of view, it is on the wrong scent to bag the big game. Nothing less than the effective measures I have mentioned will suffice to place us on a good sanitary basis and afford the best protection to life and health.

REPORT ON PROGRESS.

DERMATOLOGY.

BR DR. JOSEPH GRINDON.

Spontaneous Disappearance of Sarcoma.

Hardaway, of St. Louis, makes an interesting supplementary report in the *Jour. of Cut. and Gen.-Ur. Dis.* for January, of a case of sarcoma of the face, hands and feet, first reported and illustrated in the *Journal* for January, 1883. "A recent inspection of this patient develops the interesting fact that fifteen or sixteen years from the beginning of his disease, he remains in good health, that the active process has apparently ceased, and that the sarcomatous growths in the skin have undergone complete involution, leaving behind merely an atrophic condition in their stead. It may be stated that the patient has never received any treatment."

[Here we have a case which from the clinical standpoint should not be classed with sarcoma as we generally know it. And yet the microscope had confirmed the diagnosis beyond the peradventure of a doubt. Connective tissue tumors are for the most part benign, and even when sarcomatous, are less malignant, as a rule, than tumors of epithelial origin. Nevertheless the rule is for sarcomata of the skin to prove fatal within a few years.]

Hygiene of the Skin.

The following notes are taken from Dr. Shoemaker's article with the above caption in the *Jour. of Cut. and Gen.-Ur. Dis.* for October and November, 1889:

"The best (hair brush) bristles are of whalebone. Wire bristles are irritant, and often cause the hair to fall out. Contrary to the general belief, frequent cutting or clipping of the hair does not increase, but restrains, its growth, and in time actually leads to its loss. These facts have been scientifically determined by Kaposi and Pincus."

"Cotton is preferable to linen for use in hot climates, since it does not absorb so much moisture. The perspiration which linen absorbs remains in its meshes, gradually evaporating and abstracting heat from the body until it causes chilly sensations."

"Moderately loose is warmer than tight fitting clothing, on account of its enclosing a more ample stratum of air."

Alopecia Areata.

A paper on this subject, read by Lewis Wickham, of Paris, France, before the American Medical Association last June, appears in the *Journal* of the Association for February 15. In it the writer insists more especially on the parasitic origin of certain cases, while admitting that in other cases the nervous supply is at fault. The conclusions at which he arrives are in exact accord with those enunciated by the compiler of this report in an article in the Review for November 16, 1889. M. Wickham says that "there exists two distinct diseases called alopecia (peladique). One is a trophoneurosis. The other is due to a parasite which acts indirectly on the hair papilla through the mediation of the nervous system."

External Application in Erysipelas.

The *Jour. of the A. M. A.* quotes from the *Wien. Klin. Woch.* Rock's external application in erysipelas, which consists of creolin, 1 part, iodoform, 4 parts, lanolin, 10 parts. This is applied with a bristle brush to the affected portions of the skin, and for several finger-breadths beyond the margin. Twenty-five cases treated gave good results.

Ichthyol in Skin Disease.

Kopp (*Munch. Med. Woch.*) has obtained the following results with ichthyol. In acne rosacea, internally, about 15 grains a day, it proved of value, although temporary improvement could be effected by a 10% solution or ointment used externally. In simple acne, its external use was of decided advantage, and so at times was its use internally. In erysipelas the application of a 30% to 50% ointment was of benefit. In burns and frost-bites of the first and second degree the drug was efficacious, used variously in solution or ointment of 10 to 25% strength. In eczema its local application was uncertain, and upon the whole without striking results. In several cases of the neurotic type it acted favorably. Given internally, it was useful in those cases in which digestive disturbance was a factor. In prurigo it proved far inferior to other known applications. The results in pruritus were not encouraging. In seborrhœa it proved on the whole unsatisfactory. Internally, however, in several instances it appeared to possess some influence in preventing relapses.—*Am. Jour. of Med. Sci.*

Acne and Diseases of the Nasal Cavity.

Dr. Carl Seiler presents his views in the *Jour. of the A. M. A.* on the relations existing between these affections. According to him, "acne punctata is almost always associated with atrophic rhinitis, while acne rosacea is almost always associated with hypertrophic rhinitis." He believes that impulses originating in the erectile tissue over the turbinated bones are communicated by way of Meckel's ganglion, the Vickain nerve and the nervi Molle's of the sympathetic, to the sup. cervical ganglion, and thence, as reflexes, exert a vasodilator effect on arterial branches distributed to the skin of the face. Dr. Seiler has cleared up many cases of acne by treating the intra-nasal condition.

Syphilis and Heat.

The *Practitioner* gives the results of investigations on the therapeutic effects of heat on syphilis, especially the syphiloderms, conducted by Dr. Kalashnikoff, of St. Petersburg. The heat was applied either by means of partial hot air baths administered to the affected part, or where it was impossible to insert the part in a hot-air chamber, by India-rubber hot-water bottles, or tubes, through which hot water was kept flowing. Excellent results were obtained. Often heat proved beneficial when the ordinary specifics had failed. Hard chancres healed and the induration disappeared in from eight to sixteen days; roseola and papular erythema disappeared in from four to eight days, various papular and pustular syphilides in from eight to twenty-one days.

Inoculability of Psoriasis.

Messrs. Augagneur and Destot recount in the *Lyon Medical* certain experiments which seem to establish, in accordance with the parasitic theory of Lung, the inoculability of psoriasis. Some psoriatic scales were pushed into an incision over the right deltoid. Two days later one elbow, and soon after another developed psoriatic papules, the true nature of which was recognized by the members of the Societe des Sciences Medicales de Lyon. The subject, who was M. Destot himself, had never before had psoriasis.

Hæmorrhagic Vaccinia.

Dr. Chambard-Hemon, in the *Lyon Medical*, cites an instance of this rare condition. The virus used was of the best, as was proven by good results which it gave in other patients. In this case, however, the patient had albuminuria and was much depressed mentally.

On the seventh day each scarification presented three black umbilicated vesicles, surrounded with an areola of the color of wine-lees, which discoloration also extended over the outer and posterior surfaces of the arm as far as the olecranon. The region immediately about the vesicles was painful and swollen. The case presented no serious sequelæ, but the writer thinks that we may infer from the above that had the patient been subjected at that time to the contagion of variola, he would have developed a hæmorrhagic case, due (as was the type of his vaccinia) to his bad general condition.

[We must of course concede that the degree of malignancy exhibited in any given instance by an infectious disease, is due in large part—and probably altogether—to the bodily condition of the recipient; but the reporter does not believe that one can draw any conclusions from the type of a vaccinal lesion as to the form of variola which would have presented itself had the patient acquired the latter disease instead of the former.]

Prurigo in America.

Dr. Joseph Zeisler, who, coming to us from Vienna, has had unusual opportunities of studying this disease, tells us in the *Journal of Cutaneous and Genito Urinary Diseases* that he has seen twelve cases (in Chicago) within the past five years among 1,370 cases of skin disease. Until within the last decade the existence of the disease in this country was almost universally denied, but recently a number of observers have reported its occurrence. Dr. Zeisler's cases, with one exception, were among Germans or German-Americans.

Potassium Chlorate in Epithelioma.

The *Med. Analectic and Epitome* quotes from Lemione in the *Monatsh. f. Prakt. Derm.* to the effect that we have in potassium chlorate a remedy wnich has great curative properties and which may even bring about a complete cure. He specially recommends it in cases in which epithelioma occupies the skin and the adjacent mucous membrane, when the knife is not applicable. As the effects are slight, it is not to be tried in cases in which the disease is making rapid progress.

TRANSLATIONS.

FROM THE GERMAN.

BY W. C. MARDORF, M.D., ST. LOUIS.

An Operation for Congenital Deformities of the Nose.

At the meeting of the German Surgical Society at Berlin, Prof. Trendelenburg stated that in cases of excessive congenital deformities of the nose he had obtained excellent results by an operation which consisted in subcutaneously chiselling loose the osseous frame of the nose and forcibly wrenching it into position. A very small chisel is introduced into the nose, and by careful hammering in the direction of the inner canthus

the nasal bone is separated from the nasal process of the superior maxillary on each side. An incision is then made at the upper border of the nasal bone just large enough to admit the chisel; the latter is then introduced into the incision, which has been carried down to the bone and the articulation of the nasal bone with the nasal process of the frontal bone is cautiously broken loose from above downward. If the bony and cartilag inous septum plays much of a part in the deformity, it is raised with the elevator, or if necessary it is separated from the floor of the nasal cavity by a chisel cutting from before backwards.

In the discussion which followed, Kuster stated that he had gotten good results by simply removing a piece of the septum.—*St. Pet. Med. Woch.*

Influence of the Bromides Upon Menstruation.

M. Ernst, of Vienna, has noticed that the menstrual periods are noticeably retarded after the long-continued administration of bromide preparations, such as potasium and sodium bromides. In cases of epilepsy in which the bromides had been administered for a long time, twenty to thirty grains daily, the intermenstrual period of four weeks was lengthened by one or two weeks. Upon leaving off the bromides the usual length of the menstrual interval was restored.—*St. Pet. Med. Woch.*

A Substitute for Premature Labor.

T. Prochownick, of Hamburg, advances a novel idea for avoiding a premature labor in cases of a moderately narrow pelvis. It consists in the observance of strict dietetic regulations by the mother during the last few weeks of pregnancy, so that the child may be as free from adipose tissue as possible, and still be strong and well developed. In this manner the author has been enabled to deliver three children at the end of normal pregnancies, in spite of very narrow pelves; the children were mature and strong, and were to be distinguished from other ordinary babies only by their extremely light weight.

The diet, which was carried out for about six weeks preceding the time of the expected confinement, was as follows: Breakfast, a small cup of coffee, with a one-ounce roll; dinner, any kind of meat, eggs, fish with but little sauce, a little "greens," cheese; supper, about the same list as for dinner, with the addition of one and one-half to two ounces of bread, with butter as desired.

The following are forbidden: Water, soup, potatoes, starchy foods, sugar and beer. For drink the patient is allowed from ten to fourteen ounces of red or moselle wine daily.

In this manner, which demands only a little strength of will on the part of the mother, the author hopes to attain mature, healthy children possessing some stock of resistance, in cases where the induction of premature labor would be otherwise unavoidable. Besides the general lack of adipose tissue in the three children mentioned, it was found that the cranial bones were more easily compressible beneath the thin and wrinkled scalp, and on this account the progress of the labor was rendered more favorable both for mother and child. After birth the emaciated appearance of the children was rapidly dissipated by the formation of the normal layer of fat.—*Deutsch. Med. Zeit.*

An Idiosyncrasy for Antifebrin.

Sembritzki has observed that pregnant and nursing women are able to take but very small doses of antifebrin; in two cases marked collapse followed the ingestion of five and two grains respectively. He therefore recommends that we begin with small doses in such cases. As a marked contrast to the above he notes the case of a very anæmic girl, æt. 16 years, with severe typhoid fever, in whom he accomplished a reduction of temperature only after the administration of seven grains.—*Therap. Monatsh.—St. Pet. Med. Woch.*

On the Immunity From Infectious Diseases.

Wyssokowitsch and Sahli (*Cbl.F. Bacteriol.—Deutsch. Med. Zeit.*) have offered two interesting theoretical points in connection with the question of immunity from infectious diseases. Wyssokowitsch is inclined to believe, from the results of his experiments on the lower animals with anthrax vaccine after the method of Cienkowski, that the maintenance of immunity is not due to the action of the microbes themselves, but rather to the products of the tissue changes induced by them.

Sahli, speaking of the present status of the immunity question says that it may be either acquired or inherited. It is only by the participation of the vital elements of the human body that it is enabled to maintain an active contest with the causes of infection. Sahli assumes that the cells of the body overpower the micro organisms by chemical influences, and in this manner a cure results. Immunity ensues from the fact that the cells are so strengthened by this battle with the germs that they no longer allow the latter to develop. In this light, protective inoculation is nothing more than the results of a systematically induced drilling of the cells. Immunity by acclimation is only to be regarded as nothing more than a series of inoculations, brought about by the continuous taking-up of small quantities of virus. In certain cases an acquired immunity may be succeeded in the next generation by an inherited one.

A Foreign Body in the Larynx.

Dr. Eninger of Strasburg relates a case of foreign body in the larynx which he relieved in a very simple way. The patient, a man, æt. 27 years, came hurrying to the doctor and in a voice not louder than a whisper told him that about half an hour before, while jesting with

his companion, a five-penny piece which he had in his mouth slipped down into his throat, instantly giving rise to severe dyspnœa and almost complete aphonia. Eninge rimmediately enjoined the utmost quiet and cautious, shallow breathing. After several attempts the doctor was able to obtain a view of the coin by means of the laryngoscope, and found that it was resting horizontally upon the vocal cords, and towards the posterior portion of the larynx. He had the patient slide himself downwards in the chair gradually, and at the same time elevated his lower extremities until the man was resting on his hands with his head downwards. He was directed to inhale slowly and deeply, and then to cough violently. At the second attempt the coin rolled out upon the floor. The patient, whose symptoms were immediately relieved, joyfully resumed the erect posture and solemnly promised never again to use his mouth as a recepticle for small change.—*Deutsch. Med. Zeit.*

Changes of Character in Man Following Lesions of the Anterior Lobe.

Welt (*Deutsch. Archiv. f. Kl. Med.*) has shown, by cases under his own observation, as well as by those scattered about in medical literature, that marked changes of character or disposition occur very frequently after lesions of the anterior lobe of the cerebrum with absence of all other cerebral symptoms, and that there is direct connection between the two. The changes vary greatly as to time of appearance, nature, and duration. In all the observations with the exception of one that remains doubtful, the surface of the frontal lobe was the portion affected; in three cases the lesion involved the first and third convolutions, in three others the first alone was involved, and in two others, the lesion extended from the first to the third convolution. There were post-mortem records in all eight cases, which showed that the portion which was uniformly involved was that part of the orbital convolutions lying nearest to the median line, or in other words, always the first frontal convolution. To localize more exactly, Welt says that it is the cortex of the first convolution, or that lying nearest to the median line, of the orbital surface, and of the right rather than the left frontal lobe. These observations are said to be entirely in accord with those of Goltz, Ferrier, and Lusanna upon the lower animals. Dogs from whom the anterior lobe has been removed show no motor or sensory disturbances, but the disposition frequently undergoes a complete change. They become irritable, pugnacious, and avoid association with other dogs; uneasy and impatient, they run about without rest, and there is a loss of intelligence. Ferrier found similar changes in monkeys, Lusanna, in dogs and pigeons.—*Med. Chir. Rundschau.*

Removal of Warts by Electrolysis.

Dr. Patrzek, of Oppeln, describes as follows the removal of warts by electrolysis: The wart is first thoroughly moistened with a lukewarm solution of salt, after which both needles are thrust through the wart just above the surface of the skin, a procedure which is free from pain; indeed, children often regard the whole affair as a new and agreeable game. Patrzek then turns on the current, adding one element after another until pain is felt, but usually finds five elements to be sufficient. In most cases two sittings of five minutes each are all that is required. The wart gradually dries up and falls away, leaving a surface which is at first somewhat reddened but later on resumes the character of normal skin. In this way warts are removed painlessly and bloodlessly, without leaving a scar, a result which can be attained by no other method.—*Deutsch. Med. Zeit.—Med. Chir. Rundsch.*

On the Action of Certain Substances Upon the Human Gastric Secretions.

Dr. L. Wolff publishes in detail the results of his investigations in this direction in the *Zeitsch. f. Kl. Med. Bd.* 16; the following is merely a brief summary: Alcohol, as in cognac, when given in small doses, increases the secretion of H Cl to a slight extent; in larger doses it lowers the acidity of the gastric contents and probably hinders the formation of peptones. Caffein in doses of three grains—a quantity as large as that taken by many persons at meals in the form of coffee—lowers the acidity of the gastric contents, decreases the secretion of H Cl, and delays the process of peptonization. Contrary to the general impression, nicotine does not stimulate secretion, but when given in large doses frequently repeated it impairs glandular activity to a marked degree.

Strychnine nitrate has a strong stimulant effect upon glandular activity, while condurango bark has no apparent effect on general acidity or quantity of hydrochloric acid, lowers the general acidity, but does not appear to influence the secretions or the digestion of egg-albumen.—*Deutsch. Med. Zeit.*

Falling Out of the Hair.—Dr. E. Besnier, *Jour. de Med. de Paris*, states that the falling out of the hair may be checked and a new growth started by the following treatment. The hair should be cut short and a mild sinapism or rubefacient applied to the scalp, then every five days the following lotion is applied:

℞ Acid. acetic.,
Chloroformi, aa - - - q.s. M.

The above should be used cautiously, as it is an irritant and stimulates the hair powerfully. In connection with the above, the following pomade should be used:

℞ Acid. salicylic, - - - - gr. xv
Sulph. precip., - - - - ʒjss.
Vaselini, - - - - ʒv. M

This pomade should be applied fresh every morning, the scalp having been previously washed. Fatty substances retard the growth of the hair and should not be used.

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, MARCH 15, 1890.

SHOULD SYPHILITIC PHYSICIANS CONTINUE TO PRACTICE?

Dr. A. Neisser, (*Wein. Klin. Woch.*) of Breslau, treats of this important question in a very comprehensive manner, his animus being a statement recently made in one of the leading surgical journals of Germany, that there was greater danger of a syphilitic physician infecting his patients than of a syphilitic husband transmitting the disease to his wife. It cannot be denied that open wound surfaces, and especially those resulting from parturition, offer much more favorable opportunities for infection than does sexual intercourse, for in the latter it is necessary that there should be an abrasion or a tear in an otherwise (supposably) healthy vaginal mucous membrane. In the latter case, however, the danger is not alone in the immediate transmission of the disease from husband to wife, but also in the results which may follow infection of the fœtus, such as abortions, miscarriages, etc., leaving aside the possibility of *choc en retour*, that is to say, the doctrine which argues that the fœtus with syphilis of paternal origin may in turn transmit the disease to the mother. The statement above made is, therefore, not true, the danger being much greater in sexual intercourse.

To judge of the degree to which a syphilitic physician may be dangerous to his patients we must consider the following points:

1. The duration or rather the stage of the disease. The more recent it is the greater its infectiousness. The danger of infection is chiefly from the primary sore and the papulous eruptions of the earlier stages, no matter in what form they may present either on the skin or on the mucous membrane, but there is danger even though specific eruptions may not appear at given times. Tertiary lesions must not be regarded as infectious.

2. A thorough and careful course of treatment is of the greatest importance in modifying the grade of infectiousness present during the first two or four years as well as in shortening this period, for this will not only cause infectious lesions to disappear but will also attack and attenuate the virus itself. It is of course difficult in individual cases to tell how long there is a possibility of traumatism, or to prove that this possibility is lessened by treatment, but nevertheless this is an undoubted fact, as shown by the marked influence of treatment on hereditary transmission; in this case it is not mere eruptions or new formations on which the effect is manifested, but on the syphilitic poison itself, and this in the plainest manner.

3. In addition to these general considerations, it must now be asked if the physician has upon his hands any lesions during the early stages; if this be the case, he is absolutely barred from practical usefulness, unless the lesion happens to be situated in a place where it can be well isolated, as upon the finger, by means of a rubber hood.

4. Non-specific lesions of the skin, such as pustules, eczemas, rhagades, etc., should be looked upon with suspicion, and carefully guarded; though not of themselves infectious, there is a possibility, though a very slight one, of their taking on a syphilitic character; besides, they may after slight injuries exude lymph or blood, which would of course be dangerous. (The question as to whether blood will convey the syphilitic virus has been answered in the affirmative; four different experimenters have succeeded in inoculating syphilis on healthy persons by means of blood taken from the general circulation by cupping, venesection, etc.; these attempts succeeded only in a certain proportion of cases, under favorable circumstances). If it be decided that the blood of a syphilitic is in itself infectious, then the physician should in justice refrain from all operative procedures during the early stages, for the most trifling abrasion on his hands may serve to transmit the syphilitic virus. This is the case even if the amount of blood lost be very small.

It must, therefore, be admitted that in these several ways there is a distinct possibility that a syphilitic physician may transmit the disease to an innocent patient, but even if this be possible, it is also very improbable, practically speaking, and this has been demonstrated in various ways. It is frequently the case that assistants at obstetrical and genito urinary clinics are inoculated upon the hand, and although the disease is not recognized, and they continue to perform their accustomed duties, further cases of infection are of very rare occurrence. Syphilitic lesions upon the finger, diagnosticated as such, may be so covered over that further infection is well nigh impossible. It must not be forgotten, however, that energetic constitutional treatment will have a most marked influence in lessening infectiousness. Local treatment, not only of syphilitic

eruptions, but also of other dermatoses, will be of value. Infected physicians, whose hands are sensitive to carbolic acid, solutions of corrosive sublimate, and the like, should make use of prophylactic measures, such as annointing the hands, or washing with alcohol, or alcoholic disinfectant solutions, after coming in contact with irritating fluids, so as to prevent recurring eczemas. Eczema upon the hands may bar the individual from all operative work, and in the case of a syphilitic physician there would be the added danger of transmitting his disease.

It will, therefore, be rarely necessary that a syphilitic physician should entirely discontinue the practice of his profession; still, each case must be seen and judged or itself.

Thermopalpation.

Thermopalpation is a new method of physical diagnosis which has been developed during the last few years by Drs. Dionys Benczur and Arnold Jonas, at the clinic of Prof. Ketli, in Buda Pesth (*Deutsch. Arch. f. Klin. Med.—Med. Chir. Rundsch.*). By means of thermopalpation it is possible to outline solid organs which adjoin organs containing air as easily and as accurately as by percussion.

The authors have for many years noticed while making physical examinations that the temperature of the skin was not the same on all parts of the thorax and abdomen, and that by lightly stroking the surface of the body with the hand they could observe a most striking difference in temperature where an organ containing air lay immediately contiguous to a solid organ, for example, on the line between the lungs and the liver. The examination is made in the following manner: After the clothing had been removed from the patient the volar surface of the hand and fingers is applied to the body, gently stroking the skin in the usual percussion lines from above downward, making note of any changes of temperature that may be observed. Many are able to detect differences of temperature more easily with the dorsal surfaces of the fingers. On examining the left chest anteriorly, one notices that the surface suddenly becomes colder at the lower border of the third rib in the parasternal line; if we now find the same place in the mamillary line and over the sternum and connect these places by a line, we observe that this line corresponds with the upper margin of the area of relative cardiac dulness. The area of cardiac dulness has a lower temperature than the surrounding parts. If we now proceed from this cooler territory to the right and the left to where the skin becomes warmer, we may outline a region which corresponds to the area of cardiac dulness in the same way as their upper margins do. On further examining the thorax, we find that the same relations exist between the outlines of the liver and spleen found by percussion and those gained by palpation. We may find the dividing lines between the air-containing organs and the solid organs under pathological conditions, just as under physiological conditions; on the one hand the lungs, on the other the heart, liver and spleen. The dull areas are always cooler.

In pleuritic exudations the upper limits may be defined as accurately by thermopalpation as by percussion. In the same way we can outline infiltrations and aneurisms, pericardial exudations and abdominal tumors.

According to the authors, no specially developed temperature-sense is necessary to be able to detect these differences. The authors have proven that the boundaries so marked out are really due to differences of temperature, in various ways: by thermogalvanometry, by a differential air thermometer, and by means of a mercurial thermometer of their own construction.

They do not claim that thermopalpation will take the place of percussion, but believe that it will be of service in making rapid examinations, in examining unruly children and patients who are unable to sit up; and that it will be of especial advantage in cases where percussion cannot be employed, as in fractures of the ribs, hæmoptysis and certain cases of aneurism. A larger work on the subject is now in process of preparation.

A Peculiar Effect of Cocaine.

A rare effect of cocaine, and one that we do not remember as having been reported by any writer, is the one that occurred in a case published by J. W. Stickler, M.D., of Orange, N. J., in the *Medical Record.*

Cases of syncope and partial collapse following the use of this drug are comparatively common, but Dr. Stickler's case is unique, and is described about as follows: A male adult, æt. 30 years, in good general health, came to the office complaining of severe toothache. On examination no swelling could be found, and in order to relieve the intense pain, five drops of a four-per cent solution of cocaine were injected into the cellular tissue between the cheek and the gum, opposite the left wisdom tooth. The relief from pain was immediate, but in a few minutes the entire left side of the face became enormously swollen, tense and painful. The swelling was so rapid and extreme as to lead to the natural conclusion that one of the larger blood vessels had been punctured, thus permitting a free outflow of blood into the connective tissue of the cheek.

In the course of an hour the tension and pain had become so great that Dr. Stickler determined to cut into the swelling, and accordingly anæsthetized the patient and made an incision into the cheek from the inside, into which he was able to introduce the index finger, but found no blood clot as expected. This was the more surprising as the cheek had not only been enormously swollen and tense, but semi-fluctuating to the touch. The swelling diminished slightly while the wound was open and the slight amount of hæmorrhage was allowed to continue, but attained its former size as soon as the wound was closed. At the end of four days and with

the use of "lead-water and laudanum" the swelling had almost entirely disappeared, leaving only the discolored appearance which follows a bruise. There was at no time any systemic disturbance.

The doctor believes that the swelling was due to the paralyzing effect of cocaine upon the vasomotor nerves, thus causing extreme dilatation of the blood vessels with congestion, and unbosoms himself as follows:

"Having had this experience, I would not again inject a solution of cocaine (even a four per cent solution) into loose areolar connective tissue, in the region of the face, without, at least, informing the patient of the possible result, and I am quite confident that if my patient had known, prior to the injection, what he subsequently learned about the peculiar effect of cocaine upon him,he would have objected to its use.

I consider the employment of a ten per cent or fifteen per cent solution of cocaine both unnecessary and hazardous for the production of local anæsthesia, such as is necessary for the painless removal of small tumors. Cocaine is an agent of great power and usefulness, but one which must be used with great caution."

MEDICAL ITEMS.

A Ton and a Quarter of Bromides are annually consumed by the patients of the National Hospital for the Paralyzed and Epileptic in London.

To Regulate Marriage in Brazil.—It is stated on the authority of the *Times and Register*, that persons desiring to marry, in Brazil, must first pass a medical examination to prove their fitness.

Necessities of the Famine in Italy.—Owing to the famine in some parts of Italy, animals that die of disease are buried in secret places by night, to prevent the starving people from using them for food.

Treatment for Hydrophobia.—Prof. Bokai, of Klausenburg University, recommends, for the cure of hydrophobia, a solution of chlorine, bromine, sulphurous acid, and permanganate of potash, with oil of eucalyptus.

Appropriate Names.—A Waynesboro doctor rejoices in the name of Bonebroke; while in Philadelphia, Dr. Gruel practices in Dr. Physick's ancient bailiwick, and Dr. Toothaker extracts rebellious molars.—*Times and Register.*

Dr. L. S. McMurtry, of Danville, Ky., has removed to Louisville, where he intends residing in future. We know that our Louisville friends will accept with appreciation our congratulations for their acquisition of Dr. McMurtry.

The Missouri Medical College Alumni organized on the 3d inst., with nearly a hundred members on the roll. The officers elected were, Dr. G. M. B. Maughs, President; Dr. F. D. Mooney, Secretary, and Dr. Chas. Dixon, Treasurer.

Don't Think of This Next Summer.—Fruit essences made out of compound ethers distilled from rancid cheese, bad butter, plain alcohol, and similar ingredients, are furnished by a New York house to the soda water dispensers.

A Useful Counter-Irritant.—As a counter-irritant in chronic pulmonary diseases, etc., a warming plaster, with tartar emetic sprinkled over it, will be found very efficient. For this suggestion we are indebted to Dr. Rickards, of Philadelphia.—*Times and Reg.*

Leprosy in China.—Leprosy is viewed by the Chinese as infectious, contagious and hereditary, but it is prone, they think, to exhaust itself in four generations. As many as eight varieties of leprosy are recognized. In the interior of China there are leper-villages to which all suffering from this disease must be sent.

The Possibilities of Modern Surgery.—The *Wallace Free Press*, Idaho, says: "Wesley Everett, who went to Bellevue Hospital, New York, recently, to have an ovarian tumor taken from his side, writes from that institution to his brother Frank, here, that he is feeling first rate since the operation was performed, and expects to be able to travel in a short time."

Stretching It.—Examiner: "Now, Mr. Murphy, while on the subject of physical science, what are the properties of heat?"

Murphy, a Tipperary candidate for *the* license: "Expanshun, surr."

"Correct. Give me an illustration."

"In summer, surr, the sun, being hotter, causes the days to lingthen."

Medical Fees in Germany—In Germany, the payment of doctors is left to mutual agreement. If no arrangement has been made, in contested cases, the fees are fixed by the legal authorities, according to a fixed schedule. For medical advice, the charge is from 25 cents to $1.25; visit, 25 cents to $1.50; consultation, $1.25 to $7.50; post-mortem, 75 cents to $2.50; easy labor case, 75 cents to $5.00. The largest fees noted in surgical practice amounted to abcut $125.00.—*Provincial Med. Jour.*

Methods of a Philadelphia "Magnetic."—The *Times and Register* of that city, gives us a portrait, life-size, as follows: A magnetic healer has located in this city, who regales her dupes with this stuff:

"It has been about four years since I received the power to heal myself and others. I was prostrated by a heavy cold, which developed into pneumonia. Upon my recovery, the attending physician said I had con-

sumption. After spending $3,000 on doctors, in trying to effect a cure, I found myself still growing weaker, and was finally given up as a hopeless case. As I sat one day in a rocking-chair, feeling very weak and faint, my eyes became blurred and I passed off into a trance. God appeared, surrounded by a halo of glory, and it was revealed to me all that I should do. When I awoke from the trance, according to the divine directions, I rubbed my body with my hands and affected a complete cure. I then cured our minister's daughter, who was believed to be dying, and her father acknowledged that I had performed a miracle.

Terms: One dollar at office; two dollars at patient's residence."

A Possible Source of Lead-Poisoning.—The *Med. News* says that according to Mr. Whitby, of Eng., a possible source of lead-poisoning in that country exists in the "tons upon tons of lead scattered over the land by sportsmen. In some places on the moors the ground is literally paved with lead, and the effects are terrible to contemplate when it is considered that water from the moors forms part of the water-supply of many towns." Fortunately for us, it must be many years before such a danger can exist in this country.

Typhus Fever in New York.—During the past two months typhus fever has escaped through the quarantine of the New York Harbor, and thence found its way to various parts of the country. The line of steamers from Antwerp has brought in the greater number of these cases, and especially the steamer Westernland. In the New York city hospitals as many as seven cases have been among the immigrants brought over by that steamer. There is said to be at Antwerp one or more emigrants' lodging-houses that are known to be infected with fever—"fever-nests" that menace the health of two continents. Official correspondence has been had regarding these dangerous spots, calling for their sanitary reformation.

BOOK REVIEWS.

I. Sexual Neurasthenia, Its Hygiene, Causes, Symptoms and Treatment, With a Chapter on Diet for the Nervous. By George M. Beard, A.M., M.D., Formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of New York Academy of Medicine; Member of New York and Kings County Medical Societies; of American Medical Association, etc. Edited by A. D. Rockwell, A.M., M.D., Fellow of New York Academy of Medicine; of American Neurological Association; Electro-Therapeutist to the New York State Woman's Hospital, etc. Second Edition, with Formulæ. Pages 274. Price $2.00. E. B. Treat, 5 Cooper Union. New York.

II. The Neuroses of the Genito-Urinary System in the Male, With Sterility and Impotence. By Dr. R. Ultzmann, Professor of Genito-Urinary Diseases in the University of Vienna. Translated by Gardner W. Allen, M.D., Surgeon in the Genito-Urinary Department, Boston Dispensary. Pages 160. Price $1.00. 1889. Boston: Cupples & Hurd. Sold by F. A. Davis, Philadelphia.

Notwithstanding the frequency with which every physician hears complaints from patients that they are losing their virility, or that they experience peculiar sensations about the genital organs, or are hyper-excitable, or that they notice peculiar discharges of thickish mucus after defecating or urinating, etc., there is comparatively little English literature, that is satisfactory to the reader, devoted to this subject. Of late years there has been a growing tendency amongst medical writers to attribute these various symptoms to the influence of an excited imagination or of fear alone, and the almost universal advice has been principally to gain the confidence of the patient, then make him have confidence in himself, and through this to make him believe that his disease was purely imaginary—the effect of reading the advertisements of quacks, etc. Theoretically this way of looking at the subject may have been very satisfactory to the writer or the lecturer; but practically many patients have a much better excuse than simple imagination for a belief that there is "something wrong" with them. And this side of the question is discussed in the books before us. We think therefore that the profession will not be slow in taking advantage of the opportunity to read the arguments on the other side, especially when they are presented by conservative and reliable authors, of international renown, such as Dr. Beard and Dr. Ultzmann undoubtedly were. These gentlemen will surely not be accused of allowing their enthusiasm to run ahead of their judgment; nor of being hoodwinked into the belief that there is some organic basis in a large number of cases for such an array of symptoms.

Dr. Beard treats of the subject of sexual neurasthenia in a rather philosophical manner, showing its relation to general neurasthenia, or nerve-exhaustion. Claiming that the more phlegmatic and healthy generally the patient is, the more severe will be the strain on the organ that is to be the focus of the neurasthenic condition; and that the more "nervous" the patient is constitutionally, the less severe will be the local disturbance that may arise, he furnishes clear and forcible reasons explaining why this is so.

Instead of holding the mental and psychical treatment as the all-important and essential means of securing benefit for the patient, as has been the custom with the writers to whom we have referred, Dr. Beard advocates more material and rational methods, and describes in detail his employment of them. Electricity in its various forms, in which the author was a firm believer, receives the amount of attention that would be expected from him.

The work of Dr. Ultzmann partakes less of the philosophy of the subject, and endeavors to present more of its practical aspect. While not so large a book as the one just referred to, its scope is larger, not being confined to the one condition, neurasthenia, but embracing all of the neuroses, motor and sensory, of the genito-urinary organs in the male.

No one who has read after Dr. Ultzmann need be reminded of his delightful manner of presenting his thoughts, which ever sparkle with originality and appositeness. He was a writer who was ever practical, concise and clear; and the present book depicts those characteristics on every page. Our only objection to it is that there is not more of it; it makes us wish for more, and intensifies regret at the untimely death of the illustrious author.

MANUAL OF SKIN DISEASES, WITH SPECIAL REFERENCE TO DIAGNOSIS AND TREATMENT. FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS. By. W.A. Hardaway, M.D., Professor of Skin Diseases in Missouri Medical College, and in the St. Louis Post Graduate School of Medicine; Dermatologist to the Augusta Free Hospital for Children; Consulting Dermatologist to the City and Female Hospitals; Ex-President of the American Dermatological Association. Square octavo, pages viii and 434. Price, $3.00. St. Louis, Theo. F. Lange. 1890.

It is with much pleasure that we welcome the appearance of this little work to which Dr. Hardaway has devoted so much of his time, care and attention for the last several months. From a personal knowledge of the author's abundant qualifications for teaching dermatology in the clinic and in the lecture room, we had anticipated a book worthy the attention of all who were interested in this branch of the healing art, and we must say that our expectations have been fully realized.

The general plan is that adopted in some others of the later books on this subject, *i. e.*, instead of treating of the subjects according to the class to which they belong—or are thought to belong, by each particular writer—and we all know how many different views there are in this respect—they are arranged in alphabetical order, from Acne to Zona. This conduces to accessibility—especially for the general practitioner who may not be posted on the latest classifications of skin diseases, which change almost with the seasons.

We believe the author is right in devoting but little space to the discussion of classification; only specialists are interested in it—and this is a book "for students and general practitioners."

Part III will be especially valued for the many useful formulæ which it embraces, together with a diet table giving the edibles, beverages, etc., to be avoided or advised in skin diseases.

The book accomplishes its aim: it will be a valuable assistant to the portion of the profession to which it is devoted.

The typhography and binding are excellent.

A GUIDE TO THE DISEASES OF CHILDREN. By James Frederic Goodhart, M.D., F.R.C.S., Physician to Guy's Hospital, and Lecturer on Pathology in its Medical School; Physician to the Evelina Hospital for Sick Children. Rearranged, Revised and Edited by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital, Philadelphia, etc. Second American, from the Third English Edition, with Numerous Formulæ and Illustrations. Philadelphia; P. Blakiston, Son & Co., 1889.

Many of our friends are familiar with this work as it appeared in its earlier editions which received such hearty support that the ones subsequently made were soon called for.

In the present edition, the editor has rearranged the matter with the object of securing greater symmetry and ease of reference. The endeavor has been made by the author to present his ideas more in a clinical light than is usual in text-books; making the picture of disease among the little ones as graphic and true to nature as possible; and this he has been enabled to do from his extensive experience as physician to the Evalina Hospital for sick children.

A perusal of the general remarks on the diagnosis and treatment of disease in children, and on the diet of children in health, will well repay one for the time given to it, as a large amount of general information is conveyed in the pages devoted to those subjects in the introduction.

After this, the organs and their diseases are considered individually. Part I is probably the important part of the work,dealing as it does with Diseases of the Digestive System; part II, with Acute Infectious Diseases; III, General Diseases not Infectious; IV, The Diathetic Diseases; V, Diseases of the Spleen and Blood; VI, Diseases of the Nervous System; VII, of the Organs of Respiration; VIII, of the Heart; IX, of the Genito Urinary Organs; X, of the Skin. The surgery of pedriatrics assumes prominence in some parts. The treatment advised in appendicitis and its sequences is perhaps more conservative than is generally recommended at the present time; but the author's views as expressed in connection with the article on diphtheria are thoroughly up to time.

The space devoted to the subject of treatment is at times disproportionately small.

Aside from a few criticisms that may justly be passed, the book on the whole occupies a desirable position in pedriatric literature.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. W. Overall, M.D.. formerly Professor of Physiology, Nervous Diseases and Electro-Therapeutics in Memphis Hospital Medical College. Memphis Printing Co., 1890. For sale by J. H. Vail and Co., 21 Astor Place, New York, $1.00.

This book will answer the purpose of a handbook of practical electricity, and as such it will doubtless be acceptable to many. It is comprehensive yet concise, embracing the essential points of the subject in a manner which will render it of service to those who have not the time or inclination to wade through the larger works. The records of illustrative cases under each heading are well selected and will be found to render material assistance. While this much may be said in favor of the work, the frequency of typographical errors indicates a lamentable want of care in proof-reading. The spelling is in places rather out of the ordinary, but charity would incline us to attribute this to the same cause. The illustrations are numerous and well executed.

Monthly Nursing. By A. Worcester, A.M., M.D., Fellow to the Massachusetts Medical Society, Physician to the Waltham Hospital. New York, D. Appleton & Co., 1890.

This little work, intended as a text-book for nurses, and now passing through its second edition, is a model of its kind, and it is a pity that its scope is limited, as its name implies, to obstetric nursing. Such a work, which would treat of general nursing as well, would be highly preferable to the ordinary run of such books, which go too far in some directions, and not far enough in others, thus giving the beginner in nursing a false and distorted conception of her duties. The book is issued in a neat and attractive style, and contains many practical hints which would not come amiss to the physician, which he would not otherwise learn except through experience.

Spinal Concussion. By S. V. Clevenger, M.D., Consulting Physician Reese and Alexian Hospitals, etc. 1889. F. A. Davis, Philadelphia and London. Price, $2.50.

This work really does, if we may be permitted to use a trite and hackneyed expression, "fill a long-felt want." The subject of spinal concussion is one of great importance from a medico-legal as well as from a purely medical standpoint, but notwithstanding this, no comprehensive work such as the present has appeared for a number of years, and those seeking information on the subject were forced to gather it from scattered monographs and fragmentary articles in the journals, for the treatises now in use are not up with the times. The number of conflicting views on pathology and symptomatology indicate that the question of spinal concussion is far from settlement; hence the necessity for a work of this kind in which the various opinions are presented in a concise, get-at-able form. The subject is treated in all its bearings; electro diagnosis receives a large share of attention, and the chapter devoted to illustrative cases will be found to possess especial importance. The author has some original views on pathology, and we quote from his preface:

"An attempt has been made to carefully review the entire subject, with reference to anatomical derangements that will best explain the symptoms. That the sympathetic nervous system is the main seat of the disease, and that in consequence the cord functions are deranged, accounts, in the author's opinion, for much, if not all, that has been hitherto unexplainable. These views are original and were not heretofore advanced, for they are based upon quite recently discovered symptomatology and an exclusion of previous errors in diagnosis, which would not, until this time, have enabled any such conclusion to have been reached."

The illustrations are to the point, and no fault can be found with the book on the score of poor mechanical execution.

Woods' Medical and Surgical Monographs. Vol. 5, No. 1, January 1890. Containing:

I. Neuralgia; Its Etiology, Diagnosis and Treatment. By W. R. Gowers, M.D., F.R.C.S.

II. The Prognosis of Diseases of the Heart. By Prof. E. Leyden, Berlin, Germany, Professor of International Medicine, Special Pathology and Therapeutics, University of Berlin.

III. The Sputum. A Contribution to Clinical Diagnosis and Practical Examination for Tubercle Bacilli. By Dr. Peter Kaatzer, Bad Rehburg, Germany.

IV. Hypnotism. Its Significance and Management Briefly Presented. By Dr. August Forel, Professor of Psychiatry and Director of the Cantonal Lunatic Asylum at Zurich, Switzerland.

V. The Forms of Nasal Obstruction in Relation to Throat and Ear Diseases. By Greville Macdonald, M.D., London, Physician to the Throat Hospital, Golden Square, London, W.

The large number of subjects presented, and the wide field covered in the January number of this series of publications issued by Wm. Wood & Co., make it a fitting introduction to the second year of its existence.

And in keeping with the evident constant endeavor of the publishers, it treats of topics that are practical, that are interesting, that are apropos of the time of presentation. It is surprising how often a new number contains "just what we have been wishing for." The monograph on hypnotism, for instance, will be read with avidity by many who appreciate the scarcity of English medical literature on this all-absorbing subject. And now that so much stress is being laid on the *early* diagnosis of consumption, when it is really amenable to treatment, and the onus of its detection rests on the finding of tubercle bacilli in the sputum, it is readily seen that the third monograph bears out our characterization of unvarying appositeness to the topics presented.

The subjects of neuralgia and diseases of the heart are always "in order," and the names of the authors of these monographs are sufficient to guarantee their worth.

The discussion of the forms of nasal obstruction occupies 60 pages of the volume, and presents many points of interest to the general practitioner, as well as the specialist in this direction. Only the commonest forms of obstruction are considered.

An Elementary Textbook of Chemistry. By William G. Mixter, Professor of Chemistry in the Sheffield Scientific School of Yale University. Third and Revised Edition.

This is another addition to the already large number of short textbooks on chemistry for school and college use. The number of such books being large, it is difficult for any new one to deserve any special praise or commendation. This work, from its simplicity, however, has earned the right of recommendation. The introductory chapters on the Physics of Chemistry, a subject usually diffiult of comprehension to the student, are particularly lucidly written. These treat of Fundamental Conceptions (units), Forms of Matter, The Balance, *Crystallography*, Temperature and Heat, Pressure and Volume of Gases, *Laws of Gases*, *Kinetic Theory of Gases* and *Determination of Gas Densities*, the italicised subjects (italics our own) being especially clearly described.

The descriptions of the elements are short and well written and the free use of graphic symbols is in itself a recommendation. The work is fairly well illustrated and numerous simple experiments are described. The student who has great difficulty in comprehending chemistry will do well to provide himself with this work.

A Compend of Human Physiology. Especially Adapted for the Use of Medical Students. By Albert Brubaker, A.M., M.D., Demonstrator of Physiology in Jefferson Medical College; Professor of Physiology, Pennsylvania College of Dental Surgery; Fellow of the College of Physicians of Philadelphia. Quiz Compend Series. Price $1.00. Philadelphia, P. Blakiston, Son & Co., 1012 Walnut St. 1889.

That this little book has been well appreciated by the contingent of the profession called medical students is demonstrated by the fact that it has now reached its fifth edition, and has been appropriately revised and enlarged, being furnished with new illustrations and a table of physiological contents.

Transactions of the American Association of Obstetricians and Gynæcologists. Vol. II, for the year 1889. Edited by Wm. Warren Potter, M.D., Secretary. Philadelphia: Wm. J. Dornan.

The appearance of this national index of progress in obstetrics and gynæcology will no doubt be heartily welcomed by our readers, who are already well acquainted with the work done by this admirable association.

The present volume of its transactions is well printed, excellently bound, and shows the care taken in its preparation by its editor.

Following the Annual Address, by the President, Dr. Wm. Henry Taylor, we notice the following papers, which need no testimony as to their value:

Congenital Sinus of the Urachus; Abdominal Incision; Recovery. By A. Vander Veer.

A Case of Extra-Uterine Pregnancy; Operation; Recovery. By L. S. McMurtry.

Treatment of the Ruptured Parturient Uterus, with Report of Two Cases. By Chas. A. L. Reed.

Two Cases of Intra-Uterine Amputation of the Forearm. By Joseph Price.

Rectification of Face Presentations. By Rollin L. Banta.

Flap-Splitting in Perineorrhaphy, with Special Reference to Tait's Operation. By X. O. Werder.

The Necessity of Recognizing Three Planes in the Obstetric Pelvis. By W. S. Seymour.

How the Refinements of Abdominal Surgery have Influenced General Surgery. By David Barrow.

Some Accidents and Complications Incident and Subsequent to Abdominal and Pelvic Operations. By Joseph Hoffman.

A Study of the Pathology and Treatment of Intra-Pelvic Inflammations. By L. S. McMurtry.

Vaginal Hysterectomy. By E. E. Montgomery.

The Dry Extra-Peritoneal Treatment of the Stump in Hysterectomy. By Joseph Price.

Successful Removal of a Fibroma of the Right Ovary During Pregnancy. By J. Henry Carstens.

Ligatures and Sutures. By Clinton Cushing.

Umbilical Hæmorrhage; Its Treatment. By Llewellyn Elliot.

A Case of Metremphysema. By Thos. E. McArdle.

The Forceps as a Means of Rotating the Head in Labor. By Edward J. Ill.

A Remarkable Case of Nymphomania and Its Cure. By Wm. S. Stewart.

Peculiarities of Abortion from Artificial Causes. By H. A. West.

The Animal Suture; its Place in Surgery. By H. O. Marcy.

The Genu-Pectoral, or Knee Elbow Position in Obstetrics. By W. H. Wenning.

Discussion on Craniotomy, by Drs. Geo. H. Rohe, Potter, Hoffman, Boyd, Montgomery, Vander Veer, Reed, Price and Wathen.

Belford's Magazine Published by Belford Co., 18 22 East 18th Street, New York. Price, $2.50 yearly.

This is an extremely entertaining publication, which is making rapid strides into public favor, and deservedly too, as one may see by glancing over the January

number. The article in this issue which will probably attract attention is that on "Andersonville and Other War-Prisons," by Jefferson Davis. It contains several letters which are of much historical interest. The autobiography of the same gentleman is also presented. In "Panama and Its People," by Roger Ellis, are presented some forcible arguments for the acquisition of more territory by our nation. The number is diversified by eighteen sketches, such as "Beyond Help," by John Habberton; "Flirts and Flirtations" (really artistic in its way), by T. Johnson Evans, while a graceful little note from Bill Nye enlightens us as to his favorite novels. Short poems are interspersed, of which we may commend "After the Snowstorm," by Herbert Bashford; "Madrigal," by Pierson; "Slander," by Hildreth; and "The Open Door," by McClelland. The story of "An Interesting Client" is well told, and its ending is quite bizarre.

Marine Hospital Report.

The annual report of the supervising surgeon general of the Marine Hospital Service of the United States for the fiscal year 1889, is a pamphlet of some 450 pages. It of course contains much statistical information of considerable value. In addition to this, considerable space is given to reports on yellow fever. A most interesting chapter is Major Sternberg's Report upon the Prevention of Yellow Fever by Inoculation, dealing at length with the Cryptococcus Xanthogenicus of Dr. Freire, of Brazil, and the "Yellow Fever Germ" (penerospora lutea) of Dr. Carmona y Valle, of Mexico. As the profession knows, these must both be relegated to the list of bacteriological canards. It is rather difficult for one acquainted with the technique of bacteriological investigations to understand how the former especially could be seriously urged as the cause of yellow fever.

Not the least interesting portion of the volume is that devoted to selected cases from hospital practice. Among these may simply be mentioned "The Radical Cure of Hernia by the McBurney Method," "The Use of the Cystoscope," and "Two Cases of Suprapubic Cystotomy for Hæmaturia." Following these are more than one hundred pages of "Reports of Fatal Cases with Necropsies, both interesting and valuable.

A Textbook of Medical Chemistry for Medical and Pharmaceutical Students and Practitioners. By Elias H. Bartley, B.S., M.D.

This is another of the many elementary works presented to the public for use. It is brief, but is lucidly written and fairly well illustrated. Of particular interest to the medical student and practitioner are the notes on physiological action and toxicology of the inorganic elements and compounds, the chapter on Natural Organic Bases or Alkaloids and the chapter on the Urine. The explanations in the portion on organic chemistry are very lucid and simple. Other chapters worthy of note are those on the more important aniline colors, and poisons and their antidotes. On the whole the book can be recommended.

CORRESPONDENCE.

New York, March 5, 1890.

Editor Review.—Will you kindly allow me space in your valuable journal to reply to the criticism made by Dr. Eugene Riggs upon my views of the nature of electricity?

Dr. Riggs charges me with stating that electricity is not "a form of energy," and of criticising those who do use that definition. He seems to think that there are now authorities on physics who do use this expression. I confess I do not know of them.

Prof. Lodge, one of the best and most cautious of English physicists, says in his recent work on electricity (1889), distinctly, "electricity is not a form of energy." The same statement is categorically made in his work on physics by Mr. Alfred Daniel, of Edinburgh, and I cannot conceive of any one who is at all familiar with modern physics, admitting any other view.

I am also criticized for saying that electricity is a condition of ether or is ether in a state of stress or motion; and your correspondent asserts that this definition is as far wrong as to say that electricity is a form of energy.

I stated in my remarks that I was compelled to be brief and dogmatic, and as a matter of fact I only assert that this definition, if it may be called such, is in line with the latest expositions of electrical science, as found in the works of Daniel, Jenkin, Maxwell, Lodge, Thompson and Herring. Prof. Lodge says: "Is ether electricity then? I do not say so; neither do I think that in that coarse statement lies the truth; but that they are connected there can be no doubt. What I have to suggest is that positive and negative electricity together make up the ether."

I could add many other citations to show that my definition of electricity harmonizes with modern conceptions of its nature, while the idea that it is "a form of energy" is universally admitted to be obsolete. I have no right, however, to trespass further on your columns for the personal instruction of your correspondent.

There was a tendency, a few years ago, to assert that electricity was a form of energy, so says Prof. Lodge.

Dr. Riggs quotes me as at one time saying that electricity was probably a mode of molecular motion, like light. It is six years, not five, since 1884, when I made that statement; and your correspondent's capacity for arithmetical computation is on a par with his disingenuousness in bringing up a remark made so long ago. It seems to me that I need say nothing now in defense of it. It was justifiable six years ago.

I observe in conclusion that Dr. Riggs has ventured upon the dangerous seas of definition himself. His statement that "electrical energy is electro motive force applied to electricity" explains and illuminates the subject in a way that will fill with delight lovers of lucidity and physics. I am glad to find that while electricity can not be defined or understood, electrical energy is thus made plain to the simplest understanding.

Very respectfully yours,
CHAS. L. DANA, M.D.

50 W. Forty-sixth Street, New York.

SOCIETY PROCEEDINGS.

PHILADELPHIA OBSTETRICAL SOCIETY.

Stated meeting, Thursday, January 2, 1890, DR. THEOPHILUS PARVIN in the chair.

DR. C. NOBLE.—Prolonged labor; presentation V. R. O. P., with head impacted in the pelvis. Craniotomy on a dead child after failure to deliver with forceps.

I was called in the afternoon of October 29 to see Mrs. K., in labor with her first child, in consultation with Dr. J. Howard Evans, the message being that I should do craniotomy. I found Mrs. K. much exhausted, with a pulse of 110, skin dry, and face anxious. On examinion the head was found in the pelvis, the long diameter of the head being parallel with the right oblique diameter of the pelvis. The labia and vagina were much swollen and dry, and a large caput succedaneum was present. The cervix was completely retracted. The urine, as drawn by the catheter, was distinctly bloody. The head was quite firmly compacted, and the pelvic circulation much embarrassed. A diagnosis of the position of the head could not be made positively owing to the large caput succedaneum. On auscultation the fœtal heart could not be heard. A distinct odor of decomposition emanated from the vagina.

Dr. Evans gave me the following history: He was called at 1 P. M. to see Mrs. K., and was unable to get a very clear history, as the midwife in attendance was not disposed to make lucid replies to questions. The woman had been in labor about forty-eight hours, the waters having come away the preceding night. The head was arrested in the cavity of the pelvis, and the natural forces were evidently inadequate to complete the labor. Simpson's forceps were applied, and vigorous efforts made to effect delivery, without result other than the slipping of the forceps. Dr. Evans stated that he used all the power that he thought was justifiable,and more than ever before, and as this was ineffectual he considered craniotomy necessary.

The vagina was douched with corrosive sublimate solution 1-4,000, and the vulva washed with the same. Hodge's forceps were applied and firm tractions made. The head would descend, but not enough to bring the brow into the pelvis. In the meantime a supply of ether was obtained, and the patient got under its influence. The brow could now be distinctly felt above the brim and to the left. Further moderately strong tractions failed to dislodge the head, the forceps tending to slip. In view of the œdematous state of the tissues force was considered unjustifiable. A further careful auscultation did not reveal fœtal heartbeats. This fact, together with the history, was considered satisfactory evidence of the death of the fœtus. Craniotomy was determined upon in the interest of the mother.

The head was perforated with the Blot perforator, which I consider the best instrument of its class. I was much pleased to observe that only very dark blood escaped from the brain, confirming my opinion that the fœtus was dead. The brain was broken up with the perforator, care being taken to destroy the medulla. Cranioclasis was then done with the Simpson cranioclast, and delivery effected by traction with the cranioclast. I succeeded in delivering without causing protrusion of any of the cranial bones. Simpson's cranioclast proved perfectly satisfactory and efficient, but would be a tiresome instrument to use in very difficult cases, owing to its lack of a fixation attachment, such as is possessed by Braun's modification. A douche of sublimate solution was then given, ergot administered, and the patient dressed as usual. The after-history was eventful. The catheter was necessary for twenty-four hours. The urine became clear after two days. The temperature ranged from normal to 101° F. for some days, but the patient expressed herself as feeling well. There was no chill. Warm lotions were applied to the swollen labia, and weak carbolized or sublimated vaginal douches given daily (the water used was boiled); iodoform suppositories were also employed. The fetor quickly disappeared and the swelling subsided during the first week. The breasts gave no trouble, as is usual when they are not officiously meddled with. The patient was discharged well.

This case represents a class seldom met with. The right occipito posterior position is the second most frequent position of the head in labor, but the natural forces, or at most a little aid with the forceps, are usually all that is necessary to effect delivery. The axis-traction forceps of Tarnier or Poullet are especially useful in these cases, because they supply the necessary aid, and interfere but little with the normal movements of the head in labor. There was little, if any, contraction in the pelvis in this case, and doubtless had the forceps been applied before œdema was present, especially axis-traction forceps, craniotomy would have been unnecessary.

Dr. C. P. NOBLE.—A case of induced premature labor. Delivery with high forceps. Conjugate diameter, eight cm.

The following case is of more than usual interest, involving, as it does, questions of the highest importance to obstetric surgery:

Mrs. X., the subject of this report, is a small woman, four feet eight inches in height, and weighs one hundred pounds.

The following are the pelvic measurements:

W.	29 cm.	C.D.	8 cm.
A.D.S.	24 cm.	C.V.	6½–7 cm. estimated.
Cr. Il.	26.		
Ext. Conj.	16½.		

She has had four children. The first, a boy, was born after a labor of 19 hours' duration. The forceps were applied, and the head so much injured ("mashed") that it died shortly after birth. The second, a girl, was born after a labor of fourteen hours, spontaneously. The third. a girl, was delivered by Cæsarean section, by Dr. Howard A. Kelley, in the Kensington Hospital for Women. The fourth, a girl, was born after induced premature labor, at the thirty-sixth week. Concerning this labor, conducted by myself, I wish to speak in full. Before doing so, however, it will be well to refer more fully to the previous labors. The first labor was a very difficult one. The infant whose head was crushed with the forceps was not weighed, but was a small rather than a large baby. The second labor was also a difficult one. The infant, a girl, was extremely small—so small and puny that it was not considered probable that it would live, which, however, it has done. This infant was not weighed, but from the statements of the parents and an aunt it is safe to say that it weighed about five pounds. The third child was born by Cæsarean section —the mother being told that either craniotomy or Cæsarean section would be necessary. I had the pleasure of seeing this patient in consultation before the operation, and concurred in the opinion given. The mother made a good recovery, but her getting about was delayed by a mild phlebitis, which attacked first the left, and later the right leg. The baby was a girl and weighed six pounds fifteen ounces.

Mrs. X. was told that should she become pregnant again it would be possible to deliver a living infant by inducing labor at eight months, which opinion has been verified by the result of her last labor.

On November 9, at 2 P.M., Dr. Kelly introduced a flexible bougie into the uterus to bring on labor, as the pregnancy was estimated to be within four weeks of term. At 9 P.M. of the 10th, labor not having come on, I introduced a second bougie. At 11 P.M. pains began, which soon became regular and frequent. At 9 o'clock the following morning I introduced Barnes' dilators, sizes first and second, the second size being left *in situ*. This was forced out at 12 o'clock, when the largest-size bag was introduced, filled, and allowed to remain. Shortly before 6 o'clock, the pains having continued frequent, regular, and strong, and the cervix being perfectly flaccid, I ruptured the membranes, hoping that the head, which had remained at the superior strait, would be driven down.

The patient was seen at this time by my friend Dr. Boyd. The head presented semiflexed, the occiput being directly in relation with the left ilium, the brow with the right ilium, the anterior fontanelle lower than posterior. High up, in the region of the right sacro-iliac synchondrosis, I could feel a hand in relation with the side of the brow.

The pains continued regular and even stronger than before, coming on at intervals of three or five minutes, and so continued until 11 o'clock, when the patient became much exhausted and the pains less frequent and strong. At 12 o'clock the patient was quite worn out, the labor arrested, and the pulse, which remained at or about 80 beats per minute, increased to 110 beats. The head remained movable at the superior strait.

Seeing that the time had come to interfere, I secured the assistance of Dr. Appelback and made ready to apply high forceps. The patient was etherized and put in the obstetric position, and the foreceps applied. I found it impossible to use the forceps properly with the patient on the low bed, so she was removed to a table. Simpson's forceps were used. It was my intention to attach the traction rod of Dr. Reynolds, of Boston; but owing to the narrow space in the pelvis, and the fact that the cervix was not in the least retracted, I could not apply them. Downward and backward traction caused the head to engage, but the parallel shanks of the Simpson forceps put the perinæum on the stretch to such an extent that rupture, begining at the anus, was imminent (Simpson's forceps had been selected as least likely to mark the face of the child, one blade of the forceps being applied over the face). To avoid this pressure Hodge's forceps were applied, and efforts at delivery made after the method of Pajot. The trials, continued at intervals for forty minutes, brought the head on the perinæum, and passed the obstruction. Delivery was completed at 2.30 A.M. of the 12th, forty-five minutes after the patient was removed to the table. The labor lasted twenty-seven and one half hours.

The labor followed the mechanism characteristic of the flat pelvis. The head presented with the bi temporal diameter in the conjugate, the bi-parietal diameter being to the left. After repeated efforts with the forceps the head engaged in the superior strait. There was absolutely no room to spare, although the parietal bones overlapped. As the head descended, the maternal soft parts were crowded down in front of it, more especially the anterior wall of the vagina and base of the bladder, nor was it possible to get these tissues up until the obstruction was passed.[1]

The baby was somewhat cyanosed when delivered, and did not breathe well until it was suspended, head downward, for some minutes. Crying was induced by friction along the spine with the hand, a method which I have usually found efficient. Some superficial bruises and abrasions were caused by the forceps, but these disappeared after a few days.

[1] The labor was completed without further difficulty. The placenta was quite firmly adherent, but was delivered by compression of the corpus uteri and traction on the edge of the placenta. It was attached over the site of the Cæsarean incision, which doubtless accounts for the adhesion.

Full antisepsis was employed as regards patient, hands, and instruments.

The puerperium was normal. A curious rise of temperature to 102°F. occurred near the close of the second week, but the temperature became normal within a few hours, and remained so. No cause of this rise of temperature was apparant.

This labor was, to me, a most anxious one, and unquestionably attended with considerable risk, especially after the rupture of the membranes. What troubled me most was the knowledge that the scar from the Cæsarean section might give way, and necessitate laparotomy with suturing of the laceration, or hysterectomy. It seems probable that the line of union, secured by the modern method of multiple suturing of the uterine incision in Cæsarean section, is stronger and less likely to give way during subsequent labor than after the old method of operating. The result in this case supports this view. When it became evident that the natural forces were not able even to make the head engage in the superior strait, the outlook for successful delivery with high forceps was not promising, and it seemed not unlikely that even this premature labor would have to be terminated by craniotomy. In my judgement, version was absolutely contra-indicated in the case.

The risk of rupturing the uterus more than counter balanced any advantages, real or supposed, in having the head come last through this narrow pelvis.

When the forceps were applied I was in considerable doubt as to the result of their use. The bi-temporal diameter, which was in relation with the conjugate, was clearly longer than that diameter, and the head could only come into the pelvis through moulding. This process was favored by the fact that the bones were soft from prematurity.

I was disappointed in not being able to apply the traction rods, which was impossible owing to non-retraction of the cervix. The method of Pajot was adopted, great care being taking to avoid force. This was especially necessary, as the anterior lip of the cervix was between the head and pubic bones, and the posterior lip between the head and sacrum.

The fœtal measurements were taken three-quarters of an hour after birth.

Diameters.

B.P.	7.5 cm.	O.F.	10.5 cm.
B.T.	6.5 "	O.M.	11. "
B.M.	6.5 "	T.B.	9.5 "
S.O.B.	9. "	F.M.	7.5 "

B. Acrom. 11.

Circumferences.

S.O.B.	30.	cm.
OF.	31.5	"
B. Arom.	31.	"

Length, 44.5 cm.; weight $5^1/_{32}$. It will be observed that while the measurements of the fœtal head are considerably less than normal, this is especially true of the transverse diameters, and much less true of the vertical diameters. This is characteristic of labor in flat pelves.

This case is of interest, especially for its bearing upon the subject of the induction of premature labor, craniotomy, and Cæsarean section. It is very exceptional that a living child is born through a simple flat pelvis with a C. D. of 8 cm. In such a pelvis there is not more than from 6.5 to 7 cm. working space during labor, the variation depending on the position of the cervix. That this woman has had two children born at term—one mutilated with forceps and one at the eighth-month pregnancy—is quite remarkable; for while the type of her pelvis is the simple flat variety, yet the diameters are narrow, owing to her small stature. Clark and Burns considered that a living child cannot be born through a pelvis with a conjugate of less than three and one quarter inches, and Osborne and Hamilton at two and three-quarters inches. Parvin states that in case of a general pelvis contraction, if the true conjugate be less than 8 cm. the choice must be made between embryotomy and Cæsarean section. That this woman has been delivered of two children at term is explained by the small size of the children, and the fact that great moulding of the fœtal head will, at times, result after long hours of powerful labor. This, however, can never be anticipated.

This woman is the type of a class in which spontaneous labor at term is possible if the child be under size, but in which, with children of average size, craniotomy or Cæsarean section will be necessary. If seen before term the induction of premature labor affords a prospect of labor with the delivery of a living child.

SELECTIONS.

A Most Wonderful Baby.—In 1721 there was born at Lubeck, Germany, one of the most remarkable characters ever known in the history of the world, or perhaps, that will ever be known in all times to come, little Christian Henry Heinecken, who could pronounce every word contained in the German language when but nine and one-half months old. When one year of age he knew all the leading events in the world's history and was as familiar with Pentateuch as most modern professors are supposed to be with their first text book. At fourteen months he could give a complete history of every book in both the Old and New Testament; at two years six months he could answer any question in geography or ancient history. He could hold conversation with the learned savants in German, French, Latin and Dutch when ending the third year of his life, which terminated a few months later by his death in 1725, in the fourth year of his age. In the few short weeks allotted to him, little Henry was baby, boy, youth, man and gray-beard; learning more in that short time than many of the world's greatest personages have been able to learn in the years of a long life. Just a little while before his death he was called before the King of Denmark, who showed the prodigy every mark of respect. Returning to his native city he set about studying his religion and learning to write, which, added to his acquirements, was too much for his delicate

health, resulting in his death as above mentioned.—*Republic.*

THE PERIOD FOR SURGICAL INTERFERENCE IN ACUTE INTESTINAL OBSTRUCTION.—The conclusions of the author are summarized as follows: 1. That in all cases the use of milder measures, such as purgatives, enemata, and massage, may be safely carried out until the supervention of fæcal vomiting. 2. That as soon as this is established an exploratory incision into the abdomen should be made without delay. 3. That obscurity of diagnosis in presence of this symptom ought not to stand in the way of an operation. 4. That clinical experience has taught that there is very little chance of recovery when once stercoraceous vomiting has begun, unless an operation be perfromed. 5. That symptoms of collapse are not a contraindication to operative interference.—Dr. Richardson, in *British Medical Journal.*

COMPLICATIONS OF BLENNORRHAGIA.—Among the curious complications of blennorrhagia recently observed in France I will call to your attention (1) the slowing of the pulse described by Dr. Arnozan, of Bordeaux; (2) ulcero-membranous stomatitis of a special aspect due to a general infection of the economy by the microbe of Neisser, and which requires for its cure cauterizations with the nitrate of silver. Dr. Octave Menard, who has observed four cases, is convinced that it is not a simple coincidence with which we have to do here, but that there is a relation of cause and effect; however, the question, it seems to me, should call for further researches.—L. Brocq in *Jour. Cut. and Ven. Diseases.*

TUBERCULOSIS FROM CIGARS.—It is stated that a German physician, on examination of a number of cigar tips, found that many of them were infected with tubercle bacilli. The makers were tuberculous, and in the manufacture of the cigars, moistened the tips with their saliva.—*Canada Lancet.*

LITERARY NOTE.

THE March number of *The Home-Maker* contains the usual amount of very interesting material. Beginning with the editorial on Pronunciation Perplexities, An Old Kentucky Home (illustrated), the attention of the reader is invited to the poem, Sometime, the continued story, To the Victor the Spoils, the sketches, La Canal de la Viga, and A Monkey that Lives on the Mantel, Should Women Vote? Philosophy and Nonsense, etc. Amongst other articles worthy of mention are, Mercedes, Mrs. Catherton, Emily's Lovers, With Best Intentions, The Coming Man, How Some Women Earn Money, etc. Many pointers for housekeepers may be found in each number. Published by the Home-Maker Company. 19 West Twenty-second street, New York.

USEFUL FORMULÆ.

FORMULA FOR SULPHONAL.—Mosse recommends the administration of sulphonal, particularly where sleeplessness exists from bronchitis, in the following manner:

℞ Sulphonal, - - - grains, 10.
Rum, - - - - ℥, 1.
Syrup of acacia, - - - ℥, 1.
Water, - - - - ℥, 2.—M.
—*Medical News.*

VINUM CREASOTI COMPOSITUM.—

℞ Creasoti, - - - - - ʒij.
Tr. gentianæ, - - - - - ℥v.
Alcoholis, - - - - - ʒiv.
Vini. xerici, - - - - ad. Oj.—M.

Give two or three tablespoonfuls daily to a phthisical patient when the temperature does not exceed 100° F., and when the bacilli are not very numerous.—*L' Union Medicale.—Ther. Analyst.*

PARALDEHYDE IN ASTHMA.—

℞ Tinct. ipecac. comp., - - gtt. xvj.
Sp. ammon. aromat., - - - ʒj.
Paraldehyde, - - - - ʒij.
Sodii nitrit., - - - - gr. v.
Aquæ menth. pip., - - ad ℥j.

M. Sig.: Teaspoonful in sweetened water every half hour till relief is obtained.—R. T. Scott, M.D., in *Times and Register.*

COCAINE IN VOMITING.—In vomiting of pregnancy $\frac{1}{8}$ to $\frac{1}{4}$ grain, three times daily, will generally be sufficient. A formula which has proved useful in my hands in the latter affection is the following:

℞ Cocain. hydrochlorat., - - gr., $^1/_8$.
Ext. nucis vomicæ, - - - gr., $^1/_6$.
Pulv. asafœtida, - - - gr. ij.—M.
Fiat capsul., - - - - j.

Sig.: Three times a day, half an hour before eating.

Cocaine will be found of value where other remedies fail. I have found it successful in those cases of vomiting pregnancy in which the so-called specifics, oxalate of cerium, etc., have failed.—M. W. Everson, M.D., in *N. W. Med. Jour.*

ENDOMETRITIS.—Dr. Terrier, in *Revue Ther. Med.*, recommends the following formula for suppositories in endometritis:

℞ Hydrargyri bichlor., - - gr. viij.
Cretæ præpar., - - - ʒ vi ss.
Tragacanth, - - - gr. xxiv.
Glycerinæ, } - - - - - q. s.
Aquæ, }

M. et ft. suppositoria, No. 50.

These suppositories should be placed in the cavity of the uterus after the vagina has been thoroughly cleansed and disinfected. A tampon of iodoform gauze may be placed in the vagina.—*Med. World.*

ORIGINAL ARTICLES.

A STUDY OF ANEURISM OF THE PULMONARY ARTERY, WITH THE REPORT OF A CASE.

BY CHARLES B. WILLIAMS, A.B , M.D ,

Clinical Assistant in the Surgical and Orthopedic Departments of the Philadelphia Polyclinic Hospital.

Read before the Philadelphia County Medical Society.

A careful study of recorded cases shows several varieties of dilatation of the pulmonary artery. The first, and by far the most common, variety is a general dilatation of the trunk and primary branches. Next in frequency comes sacciform dilatation. The artery in some cases of sacciform aneurism has been dilated to the size of a pomegranate, and the case recorded by Dr. Sydney Coupland, in 1875, showed a dilatation of six and one-eighth inches in circumference. Fusiform dilatation is also found. I have found reports of but two cases of dissecting aneurism of the pulmonary artery. Finally, we have the arterio-venous aneurism, where there is a communication between the aneurismal sac and the ductus arteriosus. The only case of this variety known to me is that recorded by Drs. Balfour and Smith in 1879. The diagnosis in this instance, however, was inferential and based on negative signs, for the patient was living when the article was published.

Aneurisms of the pulmonary artery, such as I have been considering, are for the most part usually situated on the trunk. But the dilatation has extended to the main branches, and even to smaller ramifications of the artery.

Through a process of atheromatous change multiple aneurisms of the pulmonary artery are often formed on the walls of old phthisical cavities; and through erosion or sudden bursting of the walls of these aneurismal sacs a fatal hæmoptysis has frequently occurred. Buhl and Zenker[1] have described such cases, and Jos: Cornet[2] in an elaborate thesis has recorded thirty four cases of peripheral aneurism of the pulmonary artery occurring in phthisical cavities.

Dr. William Aitken,[3] of Edinburgh, records a case of a soldier who had died suddenly of hæmorrhage from the lungs. On opening one of the tubercle cavities it was found filled with coagulated blood, and projecting from a spot on the wall of this pulmonary cavity was a round tumor of the size of a walnut. The tumor had ruptured and the rupture held a coagulum of blood. The tumor was found to be an *ectasis* or aneurismal dilation of the pulmonary artery. Several other tumors of a similar nature, but of much smaller sizes, existed in other cavities of the lungs, projecting from the pulmonary artery.

The causes of aneurism of the pulmonary artery are chronic endarteritis or atheroma, syphilis, great pressure in the pulmonary circulation, as in marked mitral stenosis or insufficiency, collapse or emphysema of the lung with great hypertrophy of the right ventricle, and patency of the ductus arteriosus.

The symptoms of aneurism of the pulmonary artery are lividity of the face, dyspnœa, cough, dysphagia, headache, pain in the chest and epigastrium. The principal physical signs that have been recorded are a systolic pulsation and tremor (sometimes also diastolic) between the second and third ribs of the left side near the sternum, perceptible in a decreasing degree downward but wholly wanting above the clavicle. A very loud, superficial, rough, systolic murmur propagated to the left and upward above the clavicles and over the whole præcordial region, but loudest upon the prominence between the two ribs mentioned. The above physical signs and symptoms are by no means constant; and even should they all be present they might be caused by aneurism of the aorta or by a mediastinal tumor lying over the vessels.

It is claimed that a means of establishing a differential diagnosis between aneurism of the aorta and pulmonary aneurism can be made by observing the cardiac hypertrophy and dilatation. If it should prove to be on the left side of the heart, aneurism of the aorta is indicated; if on the right side, pulmonary aneurism.

The differential diagnosis between subclavian aneurism and aneurism of the pulmonary artery may be made from the fact that a pulsating tumor above the clavicle points to subclavian aneurism, while such a pulsation, on the other hand, is entirely absent in pulmonary aneurism.

The treatment of aneurism of the pulmonary artery is the same as in other thoracic aneurisms. And, probably, the method that will give most success is that instituted by Mr. Tuffnell, *i. e.*, a careful regulation of diet, a definite quantity of solids being administered at stated intervals, the object being to support life with as little food as possible. Potassium iodide and subcutaneous injections of ergotine have also been recommended.

Lichtheim[1] after a series of 33 experiments, mostly made on dogs, seems to have shown that ligation of a pulmonary artery is without effect upon arterial blood-pressure, hence, any operative treatment of this kind in aneurism of the pulmonary artery would be useless.

My attention was called to the subject of pulmonary aneurism by having the following case put under my professional care by Dr. John B. Roberts, a short time before the patient's death:

[1]Virchow's Arch., 1862, p. 183.

[2]Jos. Cornet; Contribution a l'etude des anevrysmes de l'artere pulmonaire, Par. 1885.

[3]Science and Practice of Medicine, by Wm. Aitken, Edinburgh, 1868.

[1]Lichtheim, L.; Die Storungen des Lungenkreislaufs, etc., Breslau, 1876.

Aneurismal Dilatation of the Pulmonary Artery and its Primary Branches, Mistaken for Subclavian Aneurism.

John B., æt. 40 years, colored, a laborer, applied to the Philadelphia Polyclinic Hospital for treatment on July 29, 1887, with the following history:

Family history negative. Personal history: At the age of twenty-two he had gonorrhœa and chancroid. In 1875 he had specific disease and chancre, but no secondary symptoms followed. In 1879, he took a severe cold followed by cough; and during this time he had a slight hæmorrhage, the blood being light-colored.

Two months later he had hæmoptysis, the blood being dark-colored. In a short time the patient became very weak. At present he has dyspnœa but no pain. His appetite is poor and bowels are regular. On July 21, 1887, Dr. Thomas J. Mays made an examination, and from his clinical records the following notes are obtained:

Physical Signs.—Dulness on percussion below the left clavicle from the sternum to the shoulder-joint. A low systolic bruit is heard over this region as well as a very perceptible thrill to the fingers. The systolic bruit is propagated over the whole cardiac area and into the axilla. The maximum intensity is, however, at the junction of the first intercostal space with the sternum. There was no bulging whatever. No cardiac conditions were noted.

The left radial and axillary pulse is weaker than on the right side. He has frequent pains shooting down his left arm. A diagnosis was made of left subclavian aneurism, possibly of syphilitic origin.

The patient was treated with iodide of potassium, arsenic, nitroglycerin, atropine, strophanthus, etc., in accordance with his symptoms; but no marked improvement occurred. He was then transferred to Dr. John Roberts' care, who admitted him to his ward in St. Mary's Hospital on August 20, 1887.

Dr. Roberts now called a consultation of the surgical staff of St. Mary's Hospital and the diagnosis of subclavian aneurism was concurred in by Drs. Keen, Mears and Grove. It was decided to ligate the subclavian and carotid arteries unless improvement followed confinement to bed and very restricted diet associated with large doses of potassium iodide. The patient was accordingly put to bed, allowed exceedingly small quantities of milk and beef tea, not permitted to leave his bed even to go to the water closet, but was enjoined to lie perfectly quiet and given as large doses of potassium iodide as he could take without toxic symptoms.

As soon as interference with digestion or irritation of the mucous membrane resulted from iodism, the dose was diminished. The exact quantity taken in twenty-four hours cannot now be difinitely determined. It was probably in the neighborhood of two drachms per diem. Under this treatment he continued for about twelve weeks. His condition improved, the thrill in the subclavicular region became almost extinct and in every respect the patient was vastly better. Confinement to bed, however, became so irksome to him that he finally insisted upon getting up and returning to his home on December 4, 1887.

Dr. Roberts saw him once or twice at his own home during the winter of 1887 and 1888, and finding him not as well as when he was in the hospital but in a very fair condition, advised at that time the operation mentioned above. This was, however, declined by the patient.

Nothing further was heard of the patient until the spring of 1889, when Dr. Roberts was asked to see him subsequent to profuse hæmoptysis. It was then stated by the patient that in the interim of treatment he had got along quite well and had frequently been out and about the streets and was well enough had he been a man of affairs to have attended to ordinary business engagements, though, of course, heavy physical labor would have been impossible. He was treated with fluid extract ergot, ammonium bromide, tonics, etc., for the hæmoptysis, excessive cough and grave debility. It was stated that at one time he lost one pint of blood. This seemed to relieve the dyspnœa and he was, therefore, made more comfortable. There was also profuse muco-purulent expectoration. He was then admitted into Dr. Roberts' ward at St. Agnes' Hospital, June 22, 1889.

In May, 1889, a note was made that there was marked bronchial breathing on the right side of the chest, subcrepitant rales on both sides and a good deal of cough —though cough was not so excessive as it had been.

The fact that the aneurism had not increased in size since Dr. Roberts had seen him previously, which was nearly a year and a half, and that there was no bulging forward or evidence of erosion of the sternum or ribs made him suspicious as to the aneurismal character of the growth, and he, therefore, suggested the possibility of the disease being a vascular sarcoma located within the chest. Operation had been deferred at the time the patient was in St. Mary's Hospital because of the improvement under medicinal treatment. And at the present time the fact that no increased development was apparent rendered operation questionable, especially as the man was evidently the subject of phthisis.

Upon his admission to St. Agnes' Hospital the patient was very weak, had great dyspnœa, was the subject of harassing cough with expectoration, and was evidently in a precarious condition. June 22, 1889, a physical examination was made by Dr. J. P. Crozer Griffith, an abstract of whose notes made by Dr. Thomas Vincent, the resident physician, is as follows:

No abnormal pulsations were noticed in the neck. Dyspnœa generally marked when talking. Expansion of the right side was much greater than that of the left side. Supra-clavicular fossa was more clearly depressed on the right side than on the left side. No bulging anywhere in the intercostal spaces; they were about normal on both sides. No marked difference in vocal fremitus.

Percussion of lungs: right side anterior; full and resonant. Left side supra-clavicular fossa: resonance over clavicle, and extending downward to about the first intercostal space, decidedly impaired.

The resonance of the manubrium was normal, the impairment commencing with the cardiac dulness.

Axillary resonance normal.

Right supra spinous and back of supra clavicular fossa: fine crackling rales heard on inspiration. Expiration prolonged and somewhat bronchial. Infra-clavicular fossa gave much the same inspiration, and the expiration was prolonged. Over the right side of the chest a murmur was noted, and fine rales occurring with expiration. Left supra-clavicular fossa: numerous small mucous and some fine rales, with the bruit over the respiratory sound. Over the left chest: respiratory sounds feeble, with numerous mucous and sub-mucous rales. Posteriorly, infra-spinous fossa both sides somewhat impaired. Infra-spinous fossa, negative. Elsewhere in the chest, negative.

Right side, auscultation negative. Left side, auscultation supra spinous fossa: numerous mucous rales heard. Inspiration feeble. Infra-spinous fossa, and elsewhere over the chest, numerous rales. Respiration bronchial in character.

Heart: First left interspace from the boundary of the sternum outward about two inches, was a very distinct thrill, but no expansile pulsation. Apex beat very feeble, and only felt in the fourth and fifth interspaces within the nipple line when the patient was leaning outward, or on full and held inspiration.

Auscultation of heart: at apex of heart a low-pitched systolic murmur was was heard. Second sound clear. Over the xiphoid cartilage a ringing sound was noted, and a high-pitched systolic murmur. Over a portion of the chest there was a loud systolic bruit. There was no diastolic marmur. A systolic murmur could be heard faintly in the left carotid, and likewise a loud murmur above the left clavicle. The murmur was faintly heard in the left axilla. There was a faint murmur in the left supra-spinous fossa, but none elsewhere in the back.

Right radial artery: normally full tension. Left radial artery: scarcely perceptible.

The patient died August 14, 1889.

An autopsy was made by Dr. C. L. Bower, and it was found that the patient had tuberculosis of both lungs, and an aneurism of the pulmonary artery and its primary branches. The pleura was noted to be full of adhesions. The remaining organs were normal in their condition.

An examination of the aneurism showed that the pulmonary artery for about four inches from the heart was dilated symmetrically—the dilatation extending also to the primary branches. There was no sacculation, the form being more like that of a fusiform aneurism. The cavity at the greatest diameter of its dilatation was about two inches, and corresponded with the position of the ductus arteriosus. The ductus arteriosus seemed wider than normal, and on the pulmonary side appeared to be patulous. On the aortic aspect, however, it was normally closed. The inner coat of the pulmonary artery showed no disease, and was not the seat of fibrinous clots, but contained chicken-fat clots. The aorta showed several atheromatous patches.

Dr. W. H. Porter, Curator of the Presbyterian Hospital, New York City has compiled a record of cases of pulmonary aneurism. I have added a few more cases, not contained in Dr. Porter's list, and think that this list now contains nearly all recorded cases up to date.

Recorded Cases of Pulmonary Aneurism.

Previous to 1561. Ambrose Pare.—Body of artery dilated to the size of a fist, and its lining membrane quite ossified. Patient died suddenly from rupture of vessel while playing at ball. Observations on aneurism, By John E. Erichsen. London, 1844.

1749. Lanciscus.—The patient, a hatter, "in consequence of too great exertions, especially of an afternoon in beating the felt of which hats are made, and inhaling at the same time coal-smoke mixed with a watery vapor. became affected with dilatation of the pulmonary artery," 'De motu cordis et Aneurismatibut.' Lugduni Bat., 1749.

1810. Starts.—The aneurism arose during life at the right side of the thorax to the size of two fists; callus of sternum, and of fourth and fifthribs, were separated from termini of osseous part of ribs, and the aneurism was thus placed outside of the thoracic cavity. Abh. d. Phys. Med. Soc. Zu Erlangen, 1810, I. 472.

1825. Mr. Adam.—Vessel considerably dilated, to nearly four times its natural size, probably aneurismal. Sudden death from spontaneous rupture of the pulmonary artery. Aorta and other large vessels issuing from its arch completely ossified. Tran. Calcutta Med. Soc., vol. ii., 1826.

1841. Mr. Foster.—Male, æt. 41 years. Aneurism of the branches of the pulmonary artery. Cause of death, hæmoptysis. Lancet, 1841.

1843. Dr. Peacock.—Male, æt. 29 years. Aneurism of the branches of the pulmonary artery. Cause of death, hæmoptysis. London and Edinburgh Monthly Journal Med. Sci., vol. iii., 1843.

1834. Skoda.—Trunk of pulmonary artery dilated to the size of a goose's egg. The tunics of the aneurismally enlarged pulmonary artery exhibited the same changes seen in aneurisms of the aorta. Abhandlung über Perk. und Auskult. Wien, 1844, p. 311.

1948. Dr. Dlauhy.—Sacciform aneurism of the size of a large walnut. The pulmonary artery was in a state of well-marked atheromatous degeneration. Viertelj. für Prakt. Heilk., 1848.

1849. Dr. Hope.—Pulmonary artery dilated to four and a half inches in circumference. Disease of the heart. By Hope, 1849, and case 84, Table of Arteries.

1859. Dr. Bristowe.—Thickening and dilatation of the pulmonary artery and its ramifications. Pulmonary artery up to its bifurcation uniformly dilated. Circumference before bifurcation, 4½ inches. Trans. Path. Soc. London, 1859-60, vol. xi, p. 80.

1866. Dr. Conway Evans.—General dilatation of the pulmonary artery and hypertrophic thickening of its walls, with atheroma of the internal coat, and a contracted mitral orifice. Trans. Path. Soc. London, 1866.

1966. Prof. Gilewski.—Sacciform dilatation of pulmonary artery, circumference of vessel being equal to that of a pomegranate. The sac involved the trunk of the artery, and its two short branches arose immediately from the sac. Wiener Med. Woch., Nos. 33 38, 1868.

1874. Dr. Dowse.—Woman, æt. 19 years. At the root of the pulmonary artery was a globular tumor of the size of a pullet's egg. Vegetations on the pulmonary valves; right ventricle dilated and tricuspid valve incomplete. Lancet, 1874, vol. ii.

1875. Dr. Sydney Coupland.—Man, æt. 75 years. Dilatation of pulmonary artery and its branches. Main trunk dilated to a circumference of six and one-eighth inches. Valves incompetent and arterial walls greatly thinned. Great hypertrophy and dilatation of right heart. Marked emphysema of lungs and some degree of patency of foramen ovale. Path. Trans., vol. xxvi.

1875. Drs. Geo. W. Balfour and A. Wood Smith. Probable case of aneurism of the pulmonary artery and the ductus arteriosus. Diagnosis inferential and based on negative signs. Glasgow Med. Journ., 1879, xii, pp. 103-108.

1881. Dr. J. E. Duffield.—Female, æt. 50 years. Pulmonary artery and its right and left branches widely dilated throughout. Pulmonary valve and artery showed marked evidence of advanced atheromatous degeneration. The right pulmonary artery was the site of a large aneurism which commenced at the junction of the superior and anterior portion as a dissecting aneurism. Diameter of tumor was two inches. The left pulmonary artery had an aneurism of the same size and situated at the same point. The arteries springing from the left aneurism were also dilated even to the very surface of the lung. Amer. Journ. Med. Sci., N. S., vol. lxxxiii, pp. 77-82.

1881. M. Revilliod.—Female, æt. 36 years. A communication between the two ventricles. Stenosis of the pulmonary artery and a dissecting aneurism of the same artery. The pulmonary artery was a little retracted from its origin. It measured sixty millimeters in circumference and showed a transverse rupture which dissected the internal and middle coats. The artery was covered with a great number of atheromatous patches. Bull. de la Soc. Anat. de Paris, 1891, pp. 589 591.

1882. A. Wolfram.—Diagnosis: insufficiency of mitral valve; subsequent hypertrophy and dilatation; pulmonary emphysema. Aneurism of pulmonary artery, probably congenital; branches gradually dilated. Bronchitis, parenchymatous nephritis. General anasarca. Gaz. lek. Warszawa, 1883, 2 s. iii, 447-466.

1884. N. J. Grigoriev.—Insufficiency of valves of pulmonary artery near the division of the right and left branches of the arteries. Sacciform aneurism of the pulmonary artery, thrombus of the left popliteal artery near the origin of the posterior tibial artery. Med. Obozr. Mosk., 1886, xxv, 3 7.

No date.—Specimen No. 90 in Museum of St. Bartholomew's Hospital, London. Aneurism of the left branch of the pulmonary artery with a deposit of fibrin. The case was that of a female, æt. 53 years.

1889. Dr. C. B. Williams.—Male, æt. 40 years. Aneurism of the pulmonary artery and its primary branches. Pulmonary artery for about four inches from the heart was dilated symmetrically, the dilatation extending also to the primary branches. A fusiform aneurism, the greatest diameter of which was about two inches and corresponded with the position of the ductus arteriosus.

The following are recorded cases of aneurism of the pulmonary artery, all, or nearly all, of which are cases of peripheral aneurism occurring in phthisical cavities. I am indebted to ———, of the Library of the Surgeon-General's Office at Washington, for the following bibliography:

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THE PEOPLE OF THE STATE OF CALIFORNIA VERSUS TRAVERS' INDICTMENT FOR MURDER.

BY FRED. HUTCHINS, M D., NEVADA CITY, CAL.,

Late Vice-President Nevada State Medical Society.

I have but one object in reporting this case, that has been and still is of very deep interest to me and the professional gentlemen who were associated with me in it. I desire to add my mite to the sum of information on a class of cases that in spite of all that has been said and written, present many difficulties and are not always a credit to some members of our profession. I intend to state the simple facts as proved on the trial that closed February 21, 1890, in the Superior Court of Nevada Co. It was proved that on the evening of December 12, 1889, defendant, Travers, and James Daily, were in the cabin of Daily; that a bottle of whisky was there too. That about 11 P.M. Travers dragged Daily out of the house and along the road in the mud, stamped on him and kicked him until he was almost lifeless. The homicide was done in a peculiarly atrocious manner. Some time after this Travers went to a hotel near by where he was well known and told the landlord that he was afraid he had killed Jimmy Daily, showed the landlord where Daily lay, helped take him up and carry him into the cabin where Daily soon expired; that Travers said "Why have I done this? I have murdered my best friend. Oh, how could I have done this! What made me do it," and similar expressions, that he made no attempt to escape, though he could easily have done so. After an hour of mourning and trembling that was pitiful to see, he went into a deep sleep from which he awoke after some six hours, in a dazed condition. Daily and Travers had been intimate friends for over twenty years, had never quarreled and no possible motive could be discovered for the killing. During his confinement while awaiting trial, Travers has been very much depressed, but has also been very quiet. It was shown on the trial, that seventeen years ago Travers was working in a mining shaft and a heavy tub fell on him from a height of fifty feet. The tub struck him on the right parietal bone half an inch from the parieto-occipital suture and one inch from the median line. The defense was insanity. It was shown on the trial that Travers had been a different man since the above named accident, that he had a poor memory, often complained of a dull pain in his head, and that a little whisky would make him violent. Drs. Bobo, Waggoner and the writer were called as experts in behalf of the defense. We testified that Travers had at some time received a violent blow on the head, fracturing the skull, and that in our opinion the fracture of the internal table was greater than of the external. We stated that there was a depression in the right parietal bone into which the ball of a finger may be laid, that it was impossible that such a fracture could be produced in the external table of the skull, without a greater injury to the internal table, and that this injury had included the brain and its envelopes, producing constant irritation and had led to such pathological changes as at last ended in an epileptic explosion, during which he had killed his friend. Travers was placed on the stand to testify in his own behalf. He answered slowly and his tongue did not seem to obey his will with any certainty. He seemed to comprehend questions with difficulty and formed answers with equal difficulty. There was not the slightest appearance of any attempt to hide anything or to evade. From his appearance on the stand and his history we believe he is now suffering from general paresis. Now comes another side and the one that is a disgrace to our profession, no matter who is right, for it is a disgrace that five physicians cannot agree on so simple a thing as a well marked fracture and depression of the skull. The prosecution called Drs. Hunt and Muller, and both of them declared that there was no evidence that there had ever been a fracture of the skull; that the depression was in the "muscles overlying the bone," and that there was no evidence of insanity. Further they stated that if there was a depressed fracture of the external table, even if made by direct violence it was not probable that there was any injury of the internal table. Dr. Hunt when asked why Travers made use of the expressions he did after the killing, said that he was "manufacturing testimony." Both said there was no indication of either insanity or pariesis, although they had never seen the defendant before they came into the court room. The jury brought in a verdict of murder but fixed the penalty at imprisonment for life. A motion will be made for a new trial and the case will be carried to the Supreme Court.

Since the trial Dr. Waggoner and myself have visited Travers in jail and have further examined him. We tested the nervous sensibility with a pair of sharp-

pointed divisers with the following result. The figures indicate the distances apart the two had to be in order that he should feel two points.

	Inches.
Left leg	2
Left forearm, anterior surface	2½
Left forearm, posterior surface	3
Right forearm, anterior surface	3
Right forearm, posterior surface	2½
Left side of neck, border of trapezius	2
Right side of neck, border of trapezius	3
Over scapulæ from	2¼ to 2¾
Median line of neck posterior	3

The right pupil is fixed, the left contracted and responds to light very feebly, knee-jerk normal. I submit the case without comment. I shall keep Travers under observation through a professional friend and will try to report the end.

P. S.—From the statements of the jailor, I believe Travers is now, and has been for a long time, suffering from delusions.

REPORT ON PROGRESS.

GENITO-URINARY SURGERY.

BY G. W. BROOME, M.D., OF ST. LOUIS.

The Use of Air in the Examination and Treatment of Cavities and Canals With the Aid of Reflected Light.

Dr. Franz Henel recently reported a very ingenious device for the above purpose, in the columns of the *N. Y. Medical Journal.* The article is accompanied with two cuts showing the instrument ready for use. In using the instrument the flaccid penis is grasped between the ring and middle fingers of the left hand, the lips of the meatus being opened with the index finger and thumb of the same hand.

The endoscope, held in the right hand by the flange, can now be readily introduced into the urethra by means of the obliqué end until the thicker portion of the speculum fills the opening. Air is now forced into it by the rubber bulb in the hands of the surgeon or patient until the requisite distension of the urethral canal is obtained. The entire canal to the neck of the bladder can thus be exposed and examined by the aid of reflected sun, gas, or electric light from a mirror on the forehead or in the hands of the surgeon. The air pressure may be increased or diminished at pleasure while noting the effects upon the mucous membrane and studying every detail of its surface. By exercising a little care no violence need be done to the delicate membrane, as is very liable to happen with the Leiter canula, with which any sudden movement of the end of the tube against the engorged urethral wall, or even its introduction, usually produces hæmorrhage.

The author insists that by means of his endoscope the openings of the lacunæ, a drop of mucus, or gleety discharge, the innumerable small blood-vessels, tumors, strictures, false passages, granulations, ulcerations, etc., may all be recognized and their characters and situations noted. Fragments of impacted or loose stone and foreign bodies may be dislodged by the forcible distension with air in this way.

Dr. Henel uses a large speculum in the deep urethra and expresses much faith in the belief that by a slight modification of the instrument, which he is having made, internal urethrotomy, ensnaring small growths and making applications of various kinds to the walls of the urethra, may be readily accomplished under the direct observation of the eye.

Gonorrhœa.—Is It Always Produced by the Gonococcus?

The exudation in gonorrhœal inflammation of the mucous membranes, not only of the urethra but also of the vagina and of the eye, constantly contains, in greater or less numbers, a form of micrococcus which is said by some observers—although this is denied by others—to present characteristic morphological characters. The micrococcus—called gonococcus—which is ovoid in shape, usually occurs in pairs or in groups of four or more, and may be contained in the pus cells or lie on the surface or free in the fluid. The pus cells sometimes contain a very large number of the micrococci, and the very constant presence of these micrococci justifies the conjecture that they may stand in an etiological relation to the gonorrhœal inflammation. The experiments thus far recorded upon their purification by culture and inoculations have not led to such definite results as to justify us in assigning to them a definite role in the disease. The conclusions of inoculators are in many respects at variance; the results of animal inoculations are usually negative, and the inoculations thus far practiced on the human subject have not been sufficiently extensive and exact.

From the date the gonococcus was discovered in the urethra down to the present time the foremost thought in the professional mind has been a germicidal agent in the treatment of gonorrhœa and of course corrosive sublimate solution has toppled everything else in that inquisitive mind. Whatever part the gonococcus plays in gonorrhœal inflammation of the urethra I am quite fully convinced that corrosive sublimate injections will not alone cure a case of clap. I have carried on experiments with it, covering a most persistent and extended trial, and find myself fully impressed with the belief that it is not a suitable remedy for acute urethritis, or adapted to the treatment of any phase of gonorrhœal inflammation.

Let it be understood that reference is made to solutions of corrosive sublimate in the above opinion, but I obtained excellent results with the compound of cyanide of zinc and mercury. I presumed, during my experiment, that the benefits thus secured were due largely to the mercuric element contained in the com-

pound, but since receiving the analysis of a sample of the article used I am led to believe that the cures effected by this compound were due to the cyanide of zinc instead of the cyanide of mercury.

The letter from the Mallinckrodt Chemical Co., covering the results of the investigations of this reliable laboratory, is herewith given in full.

MALLINCKRODT CHEMICAL WORKS,
ST. LOUIS, MO., Feb. 12, 1890.

DR. G. W. BROOME,
528 Olive Street.

We made some of the cyanide of zinc and mercury by crystallizing, but found that the crystals varied in percentage of mercury, and have since made a powder which contains the cyanide of both metals in the full equivalent proportions. We have also examined the article supplied by E. Merck, and find that it contains a mere trace enly of mercury, and is therefore properly cyanide of zinc, and not cyanide of zinc and mercury. In looking up the matter further, we find in the *Pharmaceutische Centralbl.* a process for the manufacture of the double cyanide given by Prof. Lister, which when followed out yields a product containing but a small and varying proportion of cyanide mercury.

We must therefore conclude that the results obtained with an article varying in the percentage of cyanide of mercury must vary accordingly and that the same effect would be obtained with cyanide of zinc alone, or if there is any potency in the cyanide of mercury, the effect must be largely increased by an article containing an equivalent proportion of the latter.

Yours truly,
MALLINCKRODT CHEMICAL WORKS.

Prof. Barkely Hill has been using with much satisfaction the permanganate of zinc in all forms of urethritis for several years past, most frequently in the acute forms. In nine-tenths of the seventy cases reported by him as so treated the discharge was greatly reduced; in some of them a complete cure was effected; in four of the other cases no effect was discernable, and in only two the discharge did grow worse.

One especially remarkable characteristic of the action of this drug found by Prof. Hill was the total absence of any irritation. It must be remarked, however, that he advises its employment in quite weak solutions, or say one part of the salt to four hundred of water.

TRANSLATIONS.

THE TREATMENT OF BRONCHO-PNEUMONIA.

BY DR. DESCROIZELLES,

Physician to l'Hopital des Enfants.

Translated by Wm. N. Beggs, A.B., M.D., St. Louis.

Broncho-pneumonia is a disease of variable physiognomy and capricious course which exacts much care and constant surveillance, and from which the most dissimilar indications have found their right to existence. It is readily understood immediately that the treatment will vary according to the predominance of the suffocative or the inflammatory form. In every case the methods of treatment must be managed with prudence and it is necessary, from the very beginning, to avoid enfeebling the little patients, who generally arrive only slowly at the period of convalescence and with still greater difficulty attain complete recovery. Thus bleeding, formerly very frequently employed, must almost always be avoided; if blood be abstracted, it must be in very small quantities by means of wet cups, employed at the very beginning only. If the attempt is made to act with more energy, with the aid of sanguineous depletions, no other result will be obtained than a debility which it is mostnecessary to avoid; for in the struggle against imminent asphyxia the child will have no strength to spare. Counter-irritants and digitalis naturally present, in part at least, the same inconveniences as the purely antiphlogistie method, and in our day recourse is had more to emetics, stimulants, tonics and revulsives.

The employment of ipecacuanha in powder or in syrup has the advantage of favoring the expulsion of the bronchial secretion. The doses, about which I have already had occasion to speak, should be proportioned to the age of the child, and the importance of the symptoms observed. It is of advantage to begin with this preparation, if the bronchi appear to be seriously obstructed and the hematosis is embarassed. Nevertheless, it would not be necessary to provoke too often repeated evacuations by the mouth at first, and in most cases it would be an exaggeration to administer the medicine several times a day as some physicians have recommended. It is indeed generally necessary to cease using it altogether when it has been employed two or three days in succession. Recourse should never or almost never be had to an emetic which could not be given, especially with several repetitions, without bringing on a serious depression of the forces.

Apomorphine, which has several times been tried hypodermatically, is not a very trustworthy nor a very stable medicament, and the little patients are often frightened by the puncture, however slight the pain may be. It therefore cannot be recommended. If in addition to asphyxic symptoms considerable enfeeblement has been detected prior to the use of an emetic, it would be rational to first have recourse to stimulating drinks. In acting thus, an end has more than once been put to an inertia of the stomach which opposed the production of the mechanical agitation necessary for vomiting. The white oxide, and autimonials especially, are not without benefit, but their efficacy is very restricted. The same remark applies to James' powder, a combination of the white oxide of autimony and the phosphate of calcium, which Rilliet and Barthez advise to be given alone or associated with the tincture of aconite. The sulphide of potassium has also been extolled,

but it has not been demonstrated that this preparation is efficacious.

To-day no one disputes the usefulness of stimulants and tonics in the treatment of broncho-pneumonia. Although they are often insufficient, it is to them that we must turn when the child is so feeble as to be unable to vomit, to cough, or to expell the mucosities which obstruct the air passages, if the violet tinge of the face, and the depression of temperature in the extremities have been determined.

Of all stimulating agents wine is the one whose action is the most prompt. Malaga, Madeira or Port wine should be given in coffee or teaspoonful doses in two or three times as much water, being repeated every two hours, or even every half hour, according to the case. Cognac or rum may be substituted for wine, they being more acceptable to some patients. It must not be thought, however, that every case of broncho-pneumonia should be treated exclusively or principally by alcohol; but it cannot be doubted that this agent has frequently been of great service. For the same purpose drugs which act especially upon the respiratory mucous membranes may be used; such as the infusion of polygala, benzoic acid in doses of 10 to 30 centigrammes ($1\frac{1}{2}$ to 5 grains) a day, aromatic spirits of ammonia from 30 centigrammes to 1 gramme (5 to 15 ♏), and the carbonate or chloride of ammonium from 10 to 50 centigrammes ($1\frac{1}{2}$ to $7\frac{1}{2}$ grains). At the same time tonics in the form of bouillon, beef jelly and asses' or cows' milk, now and then raw meat, and later in the form of preparations of iron or quinine, and especially cod liver oil, should be given. Reconstructive medication will always be useful during convalescence, which is very tardy, and which most often is completed only by means of a change of air; it is also frequently effectual at the very beginning, since, in spite of the frank inflammatory character which a large number of cases presents at their initial period, prostration is a symptom which is ordinarily met at the inception of the disease, and which the physician must constantly endeavor to combat.

Prof. Zinnis, of Athens, has treated a large number of children affected by broncho-pneumonia with iodide of potassium. The action of this drug is much more decided at the beginning of the disease than at a later period in its course, and becomes very questionable when rubeola or pertussis coincides with the pulmonary inflammation. It is much more constant in vigorous patients than in those who are debilitated or scrofulous, and in children more than one year of age than in nurselings or the newly born. A dose of 50 to 150 centigrammes ($7\frac{1}{2}$ to $22\frac{1}{2}$ grains) in solution daily, according to the age, frequently lowers the temperature one or two degrees in two or three hours, renders the respiration less frequent, and the cough and expectoration less painful. It must be interrupted when it is not promptly and evidently effective.

Stimulants have generally been employed externally, especially in the suffocating form. Infants are made to inhale ammonia, Mayor's hammer is applied; in other cases acetic formentations or sinapisms are used; or hot baths are ordered, to be repeated two or three times in 24 hours, and to which from 250 to 500 grammes ($\frac{1}{2}$ to 1 lb.) of ground mustard is added.

Blisters have been extolled by Barthez; the service they render seems incontestable. Although they are accompanied by real inconveniences their good effects in broncho pneumonia can not be denied. They should be prudently employed, left in place a few hours only, and dressed immediately with scrupulous care in such a manner that a very prompt citatrization permits this means to be used again after an inconsiderable period, for it has no weighty effect unless it be renewed at each new inflammatory access. The liquid vesicants, which I have already had occasion to recommend, find here their natural field. In lieu of vesication, painting with tincture of iodine at short intervals on the front and back of the thorax, renders some service, but never equals the revulsive plaster.

The use of antispasmodics and tonics should be reserved for cases where there is much agitation, pain and insomnia. Bromide of potassium and chloral are of little service in broncho-pneumonia. The extract of belladonna, in doses not exceeding 30 centigrammes ($\frac{1}{2}$ grain) or aqua laurocerasi in doses of 4 to 5 grammes (1 to $1\frac{1}{4}$ fl. dr.) are to be preferred. Laudanum should be given in drop doses only. It is to be preferred to extract of thebaine. Musk appears to have acted favorably under some circumstances, particularly when to anxiety and imminent asphexia very pronounced adynamic symptoms are added. Then 15 to 50 centigrammes (4 to 8 grains), a relatively considerable quantity, should be given in a potion or a lohock. Lead acetate has been prescribed, either in the presence of hyperexcitation of the nervous system, or to combat the exaggerated abundance of the bronchial secretion. Rilliet and Barthez, who have given 2 to 4 decigrammes (13 to 6 grains) of this substance, combined with 1 to 2 centigrammes of opium ($^1/_6$ to $^1/_3$ grain) in potion or pill in 24 hours, to be continued for several days, assert that they have obtained excellent effects. Febrile remittance has been too frequently observed in lobular pneumonia for sulphate of quinine not to have been thought of as a means of combatting the symptom. It has been introduced into the system by the endermic method, by the mouth, and by the rectum, and the dose varies from 30 to 60 centigrammes (5 to 10 grains) when absorbed by the skin, and 15 to 30 centigrammes ($2\frac{1}{2}$ to 5 grains) when by the alimentary tract. These quantities are sufficient; but for children more than five years of age, and when the remittent phenomena are well marked it is necessary not to hesitate to increase the proportion of the febrifuge, which acts here more as a tonic than as an antipyretic. Sodium salicylate, so efficacious in infantile articular rheumatism, cannot, according to d'Espine and Picot, be utilized in broncho-pneumonia, without serious inconveniences, because in lowering the temperature it diminishes the contractile force of the circulatory center. As for the tincture

of aconite root it has been extolled by Ellis and Jules Simon in doses varying from 10 to 60 drops in 24 hours. I have little confidence in Vichy water, which has often been recommended, and which can, in my opinion, only increase the debility which is already so greatly feared. The utility of sulphur or balsamic waters can be better understood, but in convalescence; during this period, even, the appetite is often recovered with difficulty, and these therapeutic agents will rarely be indicated.

Hydrotherapy has been largely placed under contribution in the treatment of broncho-pneumonia. Although any chilling may have the most serious consequences in a disease which attacks especially the thoracic organs, and although the pyrexia may here be a result, rather than an indication for treatment, this therapeutic method appears to be very seductive to the experienced and enjoys great favor in Germany and Switzerland. I have said that warm baths, with certain proportion of ground mustard have been employed as a stimulant. Immersion into warm water without the addition of the mustard has been recommended by Mackey as an antithermic. Prolonged 15 to 20 minutes and repeated frequently it constantly and rapidly lowers the temperature from 1 to 3 degrees. Tepid baths, long praised by Rilliet and Barthez, are indicated, it is said when the fever is considerable, hyperpyresis pronounced, agitation active, cough painful, and when the signs of congestion are marked. These baths should be given in bran water, at a temperature not higher than 28° Reaumur (95° Fahrenheit), they should not last longer than 20 minutes, and should be repeated two or three times in 24 hours. This seems, as a result, first, to provoke violent attacks of coughing which free the bronchi of their contents, and later to cause the agitation to be succeeded by a period of comfort during which the respiration becomes less rapid and easier, while the physiognomy and the color of the face become favorably changed. The little patients then accept nourishment and sleep quietly.

The pack, insistently recommended by Wyss and Bartels, is made by means of a cloth, folded several times, after having been plunged into cold water, then wrung out and is laid upon a linen covering. The child is then wrapped in this cloth and may be left there two entire hours without fear. Then the pack is removed and the child is carefully dried. At the expiration of two hours the pack is repeated, and may be renewed after greater or less intervals if the fever is severe. It is said that the crying of the little patient, while in the cold water, provokes deep inspirations which favor the expulsion of the material contained within the bronchi and prevent atalectasis. This method of treatment, of advantage in certain selected cases, presents in many others serious inconveniences and even real dangers, for it may bring on collapse, already so greatly to be feared.

The same objections can be made to cold affusions which Jurgensen advises to be given after bathing, and for which d'Espine and Picot substitute cold compresses which have yielded them numerous successful results. These compresses are employed, in cases of obstinate fever, supplementary to the bath, as soon as the patient is withdrawn from the bath, soaked in a mixture of four parts cold water and one part camphorated alcohol, they are applied over the abdomen and anterior aspect of the thorax, covered with dry flannel and oiled silk or gutta percha and renewed evey 15 minutes, then every half hour, the legs being surrounded with cotton batting while the child is made drunk on port wine or some other alcoholic preparation. These applications, which of themselves can cause a diminution of the fever and the agitation, cannot replace the baths because they are ineffectual against dyspnœa and pulmonary hyperæmia.

The utility of hydrotherapeutic treatment in the febrile pulmonary affections of children is less generally admitted in France than in foreign countries. Nevertheless Cadet de Gassicourt considers tepid baths to be a good means for combatting broncho pneumomia, and this treatment has been tried by Colrat and Pierre Lacour (of Lyons) also. Unfortunately the facts cited by these observers cannot dissipate the uncertainty; they concern children, for the most part very young, of whom more than the half succumbed. Of the nineteen patients a single one was three years of age, a second two and one-half years; the other seventeen were less than two years old. They were treated partly by immersion in water of medium temperature, partly by the wet pack, which in the youngest patients seems to be a treatment more convenient than the baths. According to Colrat and Lacour, this therapeutic plan causes ample respiratory movements, by means of which the bronchi are freed from obstruction, the temperature lowered when very high, and the strength of the patient sustained, thanks to the awaking of the digestive functions which allows nourishment. It is not applicable in the last stages of the disease, however, when the child has become cachectic and has not vigor enough to render a reaction possible.

The hygienic measures are of great importance from the very beginning of the disease. It is necessary to place the little patient in a roomy chamber in which the air is renewed in warm weather by opening the windows widely, and in winter by maintaining fire in the fire-place. Horsehair pillows should be used for elevating the head and facilitating the thoracic movements. The position of the child should be changed often, and if it is a nurseling care should be taken to avoid a constant decubitus by having it carried in an upright position from time to time, surrounding it, however, with thick coverings. If there is much oppression and little bronchial secretion, vapor of water should be projected into the room to modify the atmosphere. During the entire course of the disease the strength should be supported as much as possible with milk, bouillon and spirituous drinks. Finally, at the moment of convalescence, tonics, change of air, a trip to the mountains or the seashore are indispensable.—*La France Medicale.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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SATURDAY, MARCH 22, 1890.

A NEW QUANTATIVE TEST FOR SUGAR IN THE URINE.

The clinical methods in use at present for determining the presence of sugar in the urine are imperfect and leave much to be desired. Dr. Charles W. Purdy, in the *N. Y. Med. Jour.*, proposes a test solution which differs from those of Fehling and Pavy in that pure mannite is substituted for the potassium or sodium tartrate which is used in the preparation of the latter solutions. This suggestion was first made by Schmiedeberg, who believed that some organic product should be present in the alkaline solution of copper in order to prevent the precipitation of the blue protoxide of the latter which would otherwise occur, and that the use of mannite would render the copper solution more stable. Dr. Purdy has also added glycerine, and his formula reads as follows: Sulphate of copper, 4.15 grammes; pure mannite, 10 grammes; caustic potash, 20.4 grammes; strong ammonia (sp. gr. 0.8880), 300 c. c.; pure glycerine, 50 c.c.; distilled water sufficient to make one litre.

The solution is prepared as follows: Dissolve the sulphate of copper in part of the water and add the glycerine and mannite. In another portion of the water dissolve the caustic potash. Mix the two solutions and when cold add the ammonia. Then add enough distilled water to make one litre and carefully filter. He claims for this test solution that it is entirely stable, simple, and rapid in application, exceedingly accurate in results, and on the whole, admirably adapted for clinical purposes.

The principle upon which the application of the test depends is the fact that a solution of cupric sulphate of definite strength, combined as in the formula, is reduced at the boiling point by a definite quantity of grape sugar, causing a complete disappearance of the blue color, and leaving a perfectly clear and colorless fluid as the result., 25 c. c. of this solution are reduced by exactly one-fourth of a grain of grape sugar. The quantitative test should be applied as follows: Into a four-ounce glass flask are poured 25 c. c. (dr. vi) of the test solution, to which are added 50 c. c. (oz. iss) of distilled water, and the whole is heated to the boiling point over a spirit lamp. A pipette, graduated in minims and holding not less than a half drachm, is now filled with saccharine urine, and as the test solution begins to bubble lightly the urine is slowly discharged from the pipette—drop by drop—into the test solution until the blue color vanishes and leaves the solution colorless and clear. The number of minims it took to discharge the blue color of the solution contained just one-fourth of a grain of sugar. By multiplying this number of minims until the product is 480 (one ounce), the multiple thereof is the number of quarter-grains of sugar to the ounce, which, if divided by 4, gives the number of grains of sugar in each ounce of the urine tested. The accuracy of this test may be proven by using instead of urine a solution of grape sugar of known strength, say eight grains to the ounce, in which case fifteen minims will be required.

He cautions that the blue solution should be raised to the boiling point and kept slowly boiling, not violently bubbling; the urine to be tested should be slowly discharged from the pipette, drop by drop, two or three seconds elapsing between each drop, in order that the precise quantity may be determined which completely eliminates the blue color of the test solution.

As advantages from this test are enumerated:

1. Its rapidity of application. As a rule, the quantity of sugar in a given sample of urine may be determined in from five to ten minutes.

2. Its accuracy. When sugar is present in the urine in the usual clinical range of from two to thirty grains to the ounce, the quantity may be determined within from one tenth to one-twentieth of a grain.

3. Its perfect cleanliness and simplicity of application. No copper products cling to the utensils (as in Fehling's test) or obscure the chemical reactions from view, and the apparatus is of that simple kind usually kept in the physician's office.

4. Its stability. This solution is quite stable, and, if the bottle containing it is corked to prevent the escape of the ammonia, it will keep almost indefinitely.

THE PLACE OF THE ANIMAL SUTURE IN SURGERY.

Dr. Henry O. Marcy, of Boston, publishes an extremely interesting and valuable paper on the place of the animal suture in surgery, in a recent number of the *Med. Rec.* He strongly emphasizes the fact that the use of animal suture requires that the suture must be in itself aseptic, and that it must be aseptically applied in an aseptic wound, and he believes that when thus applied, its use may be extended to all operative wounds. The the-

oretic perfection in wound-treatment means a reunion of the divided parts, the anatomical relationship to be restored and maintained. If the suture itself is replaced by vitalized structures, then its proper application becomes a matter of the highest importance. Its value is shown in the joining of a divided retracted nerve, or muscle, and their restoration to subsequent perfect usefulness; in the sundered cervical tissues after a hysterectomy, where the delicate joining of the peritoneum allows no open wound for hæmorrhage or absorption; in uniting the abdominal wound after laparatomy, where the peritoneum is independently united by a layer of buried sutures, and where the edges of the linea alba are carefully joined, thus lessening the possibilities of a ventral hernia; again, in the amputation of large tumors of the breast, where the remaining tissues are carefully coapted, so that retention and pocketing or fluid are impossible, rendering drainage not only superfluous but harmful.

Silk is not suitable for buried sutures, from the fact that it may cause irritation, after being encysted for a long time, and may be expelled as a foreign body. He believes that tendon sutures, and especially those of the kangaroo, are greatly to be preferred to catgut, even when the latter is thoroughly aseptic.

The mode of application of the buried suture is of the greatest importance. It should be continuous, since the parts are more perfectly coapted, and knots should be avoided. It should join like tissues, and should support the parts without any constriction. If these points be observed, the kind of stitch is comparatively unimportant.

For certain purposes it has seemed advantageous to include the tissues by a double suture, taken by means of a needle with eye near the point, which allows the ends of the suture to be introduced through the same opening in opposite directions. This should coapt, but not constrict, the tissues involved; he has employed it in closure of the canal in hernia, in suturing the pedicle of uterine or ovarian tumors, and in perineorraphy.

For intestinal wounds, and in resections, he has employed a double row of tendon sutures, continuous, and not interrupted, using the Lembert stitch. The advantages of this are simplicity, rapidity of operation, avoidance of knots, a minimum of manipulation and of injury of the tissues involved, and even and sure closure of the parts.

As far as possible, the sutures should cross the wound at right or acute angles and not lie parallel with it. For large wounds it is better to use a running stitch, taken from side to side, both ends left free externally, tension upon which evenly coapts the sides of the wound. Several layers may be thus introduced, beginning at the very base of the wound.

The skin is evenly coapted by a blind running stitch taken from within outward through the deeper layer only. This evenly unites the edges of the skin, while the suture itself is buried beneath it. The wound is dried, dusted with iodoform, and covered with a layer of iodoform collodion, reinforced by a few fibres of absorbent cotton. The ends of the deep lines of the running sutures, after sufficient tension has been exercised to produce coaptation, are fixed in the collodion and cut off.

The subsequent dressing matters little; a soft pad of cotton may give comfort by its support, but if the wound is *aseptic* at the close of the application of the iodoform collodion, it being presupposed that each step has been taken with modern aseptic precautions, primary union will supervene, and drainage is not only needless, but is a positive disadvantage and danger.

In conclusion he says: "Aseptic wounds thus treated give really a simplicity of detail which seems surprising when contrasted with the clumsy and bungling antiseptic dressings which this method—the aseptic application of buried animal sutures—is destined to supersede. In conclusion, the role of the buried animal suture may be accepted as a corollary to antiseptic surgery, upon the basic principles of which it is founded as a scientific deduction."

Iodol.

Though iodol has been before the profession for some years, it is rather strange that one does not see and hear more of it; it is hardly spoken of, while other and less meritorious new drugs are being lauded to the skies. We are reminded of this by seeing an article in the *Medical News*, by David Cerna, M.D., reporting cases treated with iodol.

Dr. Cerna states that iodol has been used advantageously by various observers in the treatment of eye affections, and in such diseases as adenitis, blenorrhagia, vaginal catarrh, tubercular laryngitis, and others of syphilitic origin. It has rendered excellent service in the treatment of buboes, chancres, and ulcers in general, and has been used internally in most stages of scrofulous affections and syphilis, but with what success is not stated.

Among the cases successfully treated by Dr. Cerna are the following: A chronic ulcer of the leg in an old man which manifested a tendency to phagedena. Iodol was used locally in powder form.

Another patient with ulcers on each leg offered an excellent opportunity for comparing iodol with iodoform. The ulcer treated with iodol was cured, but the one treated with iodoform made no headway until it was discarded and its place filled by iodol.

In a case presenting tertiary syphilitic ulcerations of the legs, the same comparison was instituted with the same results as in the former.

A patient with tertiary syphilis was injuriously affected by iodide of potassium, so much so that he was unable to take the drug. Iodol was resorted to in doses of three grains three times a day and was followed by rapid improvement, the local trouble, a tubercular syphilide of left ear and nose, being entirely relieved.

A case presenting essentially the same features as the last was also happily affected by the substitution of iodol for potassium iodide.

A case of wellmarked diabetes mellitus was apparently cured by the use of iodol. A year afterwards the patient had gained in weight and seemed to be in excellent health.

Iodol may be used either in powder solution, or as an ointment. Solutions may be made in alcohol, 1 3, or in ether, 1-4. An ointment may be made with one part to four or five of vaseline. Internally Dr. Cerna has given as high as twenty grains a day, but thirty to forty-five grains may be given with safety.

The chief advantage of iodol over iodoform is that it lacks the far-reaching smell of the latter; this alone should commend it to the physician who respects his patients's sensibilities concerning small matters.

St. Charles County Medical Society.

We had the delightful pleasure recently, of attending a meeting of this society. It is truly a working organization, in which "extraordinary business" and matters non-medical receive but little attention; at least that is our conviction if the session referred to is a criterion of the character of all of them.

Dr. R. B. Lewis, of Wentzville, President, and Dr. H. H. Vinke, of St. Charles, Secretary, displayed commendable zeal in furthering the interests of the society and in making the stay of the guests agreeable.

The papers read were as follows: "The Treatment of Fractures of the Lower Extremity," by Dr. Stumberg, of St. Charles; "Neuroses Peculiar to Women," by Dr. Evans, of Wentzville; "Peritonitis," by Dr. Hudson, of Montgomery City; "Influenza," by Dr. Baskett, of Moberly.

Aside from the scientific work accomplished, the centemplation of the spirit of good-fellowship that prevails in this society does one's heart good, and makes one envious of an active membership in its ranks.

Those members who were unable to be present are certainly deserving of the sympathy that was expressed for them, while those who were absent through inadvertence,— well, the less said of them the better; they don't know a good thing when they have it.

No better proof of this need be adduced than simply the presentation of the banquet bill of fare, which we give in all its uniquity:

Antidotum adversus Grippam, Bombasto Paracelso Moderno præscriptum.

Edendi Causa Parata.

Ostreæ modo Brown-Sequardi.

Assa Psoa et glutæo cum ovis cocta placenta et ac etario.

Gallus Indicus cum baccis Ribibus rubris et cum fructibus solani tuberosi modo ulceris crustæ.

Assa vitulina modo Viennæ cum asparagis peniformis modo Amoris et Victoris.

Tumor cerealis vegetabilis, cum liquamine Leucorrhæo Vino Rhenano præparato.

Potus Caffeæ.

Stili herbis nicataniis contorti.

Fractus Maturi.

Poma Adami,
Hydatides Malagenses,
Bananæ cum præputiis,
Nuces amplæ plenæque,
Poma aurantiorum.

Cibi Frigidi.

Ovaria Acipenseris Sturonis,
Perna porci,
Caseus cavernosus,
Butyrum vaccinum,
Panis quotidianus.

Bibendi Causa Parata.

Vinum Pissportense modo Virchowi,
Cerevisia Gambrini,
Schnautzelberger modo Geret-Leben.

Vivat, crescat, floreat
Medicorum provinciæ Sancti Caroli, Mo. Societas.

MEDICAL ITEMS.

A "White" Lie.—White Island, N. Z., is said to have a natural lake of boiling muriatic acid.

Longevity Due to the Pension System.—A soldier of 1812 has just died, at the age of 106 years. The length of life of pensioners is an indication of what may be expected when the government is remodeled after the scheme of "Looking Backward."

A Correction.—In a recent issue of the Review, Dr. J. W. Jackson, of Kansas City, was spoken of as the president of the National Association of Railway Surgeons. It should have been ex-president, as Dr. J. P. Murdoch is the present president of the association.

"Treatment" for Consumptives.—In a sanitarium for consumptives, to be erected at Reineckendorf, near Berlin, the ground floors are to accommodate a number of milch cows, the exhalations from which will be conducted to the upper apartments, occupied by the patients.

The Morphine Habit is said to be constantly on the increase in New York, as well as elsewhere, a number of the victims being physicians, says the *Med. Record.* A corroboration of this report is found in the fact that a single firm in Portland, Me., has made and sold over four thousand needles for hypodermic syringes every year for the past six years. Other places, of course, make many more, and it is evident that they are not all

used by physicians only. It has been proposed to restrict the sale of hypodermic syringes to practising physicians, but it is very doubtful whether such a measure would be af any use, as the law would be evaded just as that against the sale of poisonous drugs is now.

Antiseptic Midwifery in Prussia.—By a recent ministerial decree midwives in Prussia are directed to observe the strictest antiseptic precautions in attending on lying-in women. A complete code of instructions on this head is furnished them, in which it is satisfactory to see that the nailbrush figures conspicuously.

An Obstetrical Experience.—The late Dr. Ellwood Wilson, of Philadelphia, is said to have personally delivered more than fourteen thousand women, nine deliveries having been accomplished on one occasion within twenty-four hours. In addition to this he saw about twenty thousand other obstetrical cases in consultation with his colleagues.

Glycerine Suppositories.—Those who use glycerine suppositories for constipation will find that suppos itories fashioned from soap containing at least 80% of glycerine will be a very fair substitute for the ones offered by manufacturing pharmacits, and that the chief difference to be observed is in the greater cost of the latter. At least so says a German physician.

Chronic Chorea.—Chronic chorea is now being successfully treated by inducing upon the patient a condition of almost constant sleep for a period of some two weeks, from time to time allowing intervals of consciousness that nourishment may be taken. The hyp notic most recommended is chloralamid in fifteen grain doses, and repeated sufficiently often to maintain a constant effect.

To Guard Against Tuberculosis.—Orders have been given the Prussian army surgeons to measure the chests of recruits every four weeks. All are to be regarded as narrow-chested, the circumference of whose chests is less than half the length of their bodies. Narrow chested men whose bodies are not wideoed by drill are to be regarded as predisposed to tuberculosis, and to be discharged as soon as possible lest they infect healthy soldiers.

Recent Saving of Life in Michigan.—In a carefully prepared paper, read before the Sanitary Convention at Vicksburg, the proceedings of which are just published, Dr. Baker gave official statistics and evidence which he summarized as follows:

"The record of the great saving of human life and health in Michigan in recent years is one to which, it seems to me, the State and local boards of health in Michigan can justly 'point with pride.' It is a record of the saving of over one hundred lives per year from small-pox, four hundred lives per year saved from death by scarlet fever, and nearly six hundred lives per year saved from death by diphtheria—an aggregate of eleven hundred lives per year, or three lives per day, saved from these three diseases! This is a record which we wish to have examined, and which we are willing to have compared with that of the man who 'made two blades of grass grow where only one grew before.'"

A Caution in Cocaine Anæsthesia.—Several instances have been reported in which well-marked manifestations of erotic excitement followed the use of cocaine as an anœsthetic, especially in females. Surgeons, when proposing to operate upon a woman, would do well to have this in mind, and for its medico-legal bearing it would always be wise to have at least one female friend of the patient present as well as the usual medical assistants.

A Tolerant Peritoneum.—Harrison Cripps reports in the *Brit. Med. Jour.* the case of a woman, æt. 52 years, on whom he performed inguinal colotomy for rectal stricture. A violent fit of coughing burst the stitches on the fifth day, allowing a large amount of fæces of peasoup consistency to enter the peritoneal cavity. This was discovered about six hours after it occurred, when the case seemed hopeless; the cavity was thoroughly cleansed, however, and recovery followed in due course.

A Definition of Faith-Cure.—The Rev. Dr. Lyman Abbott, of Brooklyn, is credited with giving the following definition of "faith-cure" from his standpoint: "When I get sick, I will show my faith in God by securing the best doctor I can find, getting the best human skill, and following the directions given me by a good physician. Faith does not consist in refusing to take medicine, but it is the using of all the means of cure which are given to use, and medicines have been shown to be one of those means."

Dr. R. L. Thomson, whom all of our readers remember with pleasure as having been editor of the Review for nearly two years, and afterwards as collaborator in the department of ophthalmology, has removed from this city to Spokane Falls, Washington, where he will continue the practice of his chosen specialty in conjunction with Dr. Wm. Caston.

Dr. Thomson, though yet a young man, has made rapid strides in the profession, never failing to grasp the opportunities afforded by the wide and varied experience with which he has met. After severing his connection with the Kentucky school of medicine, in which he had taught as Professor of Anatomy, he became House Surgeon at the Manhattan Eye and Ear Hospital in New York. After his removal to St. Louis he was elected editor of the Review, which was followed shortly by his election to the secretaryship of the Mississippi Valley Medical Association. His earnest labors in that capacity evoked a hearty vote of

thanks from the society at the time of his withdrawal from the position.

While much regretting the loss of Dr. Thomson from our midst, we still hope to have the pleasure of an occasional communication from him.

Prevention of Tuberculosis.—After a prolonged discussion of the subject, the Paris Academy of Medicine has adopted the following resolutions concerning tuberculosis:

1. Tuberculosis is a parasitic and contagious disease, caused by a microbe found in expectorations and carried in the form of dust.

2. It is advisable to destroy these expectorations by means of boiling water and fire.

3. The parafite is also sometimes found in the milk of tuberculous cows, for which reason it is not prudent to use milk unboiled, especially when it is intended for the food of young persons.

4. The Academy directs the attention of the authorities to the dangers which tuberculous persons create for the communities in which they live, such as colleges, barracks, large commercial establishments and Government workshops.

A Report of the Epidemic.—During the late influenza epidemic in Edinboro' the lay press, as elsewhere, published with avidity anything bearing on the subject: "Interviews with Leading Medical Men" occupied much space. Somebody succeeded in "stuffing" the *Evening Dispatch* with the following information, which was gravely published:

"There are a good many complicated cases occurring, such as intercostal neuralgias and severe head pains, but the most serious of those are where the throat symptoms are associated with, in the male, salpingitis, which necessitates either tracheotomy or hysterectomy. If hypospadias occurs, it may be well to give iron in large doses, but if a rupture of a Graafian follicle supervenes, it may be serious, or even fatal. This last complication is believed to be due to an organism not belonging to the bacteria, but like them not containing chlorophyll."—*Bost. Med. and Surg. Jour.*

CORRESPONDENCE.

THE EFFECTS OF THE ELECTRIC CURRENT ON THE FEMALE GENERATIVE ORGANS.

St. Louis, March 17, 1890.

Editor Review.—Under the above title I notice a short abstract in your issue of March 8, from the *Medical Press and Circular*. I am some considerably surprised at a statement therein contained:

"Recently, Dr. W. K. McMordie, of Belfast, has made a number of experiments relative to the effect produced by the current in case of uterine fibroids, and in uterine hæmorrhage where the cause was obscure. He applied it as follows: One pole attached to a conductor in the form of a uterine sound was placed in the uterus, and the other to a flat conducting surface, was placed over the abdominal parietes corresponding to the fundus uteri.

He found two effects when the current was applied from ten to twenty minutes. When the external os uteri was small it dilated; *and in a considerable proportion of the cases in young females the sexual orgasm was distinctly produced.* It has no effects either on fibroids or the hæmorrhage. *So frequently was the sexual orgasm produced that Dr. McMordie gave the treatment up in disgust.* It made no difference whether the positive pole or the negative pole was inserted in the uterus."

The portions italicized by me are what particularly arrested my attention.

I have used galvanic and Faradic currents (of late years especially the galvanic) with electrodes in the uterus and vagina for the past nine years (I have a uterine electrode that I made nine years ago). I have used both the N. and P. poles in the womb, seldom the latter. I have never seen an instance when I suspected the passage of the current produced an orgasm.

Among my patients have been many young women, married and single. In fact the great majority have been young. Anyone who has done a considerable amount of gynecological practice has occasionally remarked subjects in whom any manipulations in that direction, with or without instruments, would produce more or less sexual excitement. I am very positive that I have not seen more of this when working with the current than without it. And therefore I cannot help believing that Dr. McMordie has been deceived. I do not remember to have seen similar statements from other sources, and certainly it seems probable that if this phenomenon were as constant an attendant of these procedures as the Doctor's statements would lead us to believe others would have observed and recorded the fact. The question naturally arises, What does the Doctor consider evidences of the sexual orgasm, or even of sexual excitement, in the female? If we were disposed to be facetious we might further inquire whether the Irish, which I suppose furnished the bulk of the Doctor's patients, are especially impressionable in this direction. Respectfully,

Frank R. Fry.

SOCIETY PROCEEDINGS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Dr. Chas. B. Williams read a paper entitled

A Study of Aneurism of the Pulmonary Artery, with Report of a Case. (See page 221.)

Discussion.

Dr. J. P. Crozer Griffith.—I had the opportunity of examining this case during my term of service at St.

Agnes' Hospital,and though I was unwilling at the time to commit myself to a diagnosis of subclavian aneurism, and did not feel sure that this existed, I am forced to say that the possibility of the presence of an aneurism of the pulmonary artery did not come into consideration. This case teaches that we should never be led astray by the fact that a certain disease is a rare one, but that its possible existence in any case under examination should always be taken into account. I was forcibly impressed by this some years ago, during the frequent observations made on a case of ulcerative endocarditis, in which the lesion was supposed to be situated in the mitral valve; the possibility of its being a tricuspid lesion, as the autopsy later showed it to be, not having been thought of. And, as in that case, so here, it is instructive afterward to review the symptoms, and to endeavor to determine whether it would have been possible to have drawn a correct conclusion from these and the physical signs.

Very little is written in the text-books regarding aneurisms of the pulmonary artery. Cutler, in the *System of Medicine*, by American authors, says that it is of so rare occurrence that it may be merely mentioned. The symptoms of the affection are those described by Dr. Williams, but unfortunately, only a few of them are present in any given case. One patient will have lividity, another dyspnœa, another the peculiar thrill, etc., and in fact there are seldom or never enough symptoms in combination to render the diagnosis easy. I do not now remember the condition of the pulmonary second sound in the case reported, and I do not think that the report mentions it; although I am sure that some reference is made to it in the original notes of the careful examination which I tried to make of the patient. This condition of the pulmonary second sound is a matter of the greatest diagnostic importance.

The diagnosis rests between aneurism of the pulmonary artery, aneurism of the descending portion of the arch of the aorta, and aneurism of the sub-clavian artery.

The position of the dulness might indicate the latter, yet aneurism of the pulmonary artery would occupy about the same position, and that of the aorta might reach the chest wall at the same place. Thrill could occur in any of these aneurisms, and a systolic murmur might be heard in any of them, or might be entirely absent. I believe it was Stokes who raised the doubt as to a murmur heard over the aneurismal sac being at all a symptom of aortic aneurism. He examined a large number of museum specimens of aortic aneurism, and compared them with the clinical histories of the cases. In every case in which a murmur over the aneurism had been recorded during life, disease of the aortic valve was found post mortem; and, conversely, in those cases in which no such lesion existed, no aneurismal murmur had been noted while the patient was alive. He therefore suggested that it was at least possible that the murmur was simply a transmitted murmur from the diseased valves, and had nothing to do with the aneurism. In the specimen exhibited this evening, I notice that the leaflets at the pulmonary orifice are decidedly diseased; and the case history reports, as you remember, a murmur.

One point which might aid in the diagnosis is the location of cardiac hypertrophy—whether the right or the left side is involved.

There was no marked dyspnœa or lividity in this case, and whatever existed could be explained as well by the presence of phthisis, from which the patient was suffering.

In aneurism of the aorta we would expect a ringing, aortic second sound, probably more distinct over the tumor than over the aortic cartilage. In aneurism of the pulmonary artery, on the other hand, we would look for accentuation of the pulmonary second sound. Such an accentuation, however, does not necessarily indicate aneurism. It is commonly met with in children in perfect health, and it is an attendant on any condition which produces increased tension in the pulmonary circulation. I think that the only way in which we could have reached even a probable diagnosis in this case would have been by detecting evidences of hypertrophy of the right side of the heart, and an accentuation of the pulmonary second sound; and in reviewing the matter I cannot feel that we should reproach ourselves in the least for the failure to make a correct diagnosis.

Dr. G. G. Davis.—The importance of the differential diagnosis in these cases is evident. If, under the supposition that the aneurism were one of the subclavian artery, that vessel were ligated, the operation would be useless, and the patient might possibly lose his life. The only additional point in diagnosis which I see is that aneurism of the pulmonary artery involves the deeper structures and is not so apt to give rise to the anterior chest symptoms as usually occur where the arch of the aorta, or its branches, are involved.

Dr. John B. Roberts.—It seems to me that the interest in this case does hinge largely upon the diagnosis. None of the gentlemen who examined the case three or four years ago suggested the possibility of aneurism of the pulmonary artery. When the case again came under my observation six months ago, it seemed to me questionable whether the subclavian artery was the seat of aneurism. I was led to this opinion by the fact that he had lived so long with considerable comfort, and the fact that there was no bulging forward of the ribs or sternum. I did not even then think of aneurism of the pulmonary artery, but was inclined to think that it was some form of vascular sarcoma.

The surgical bearings of the case are very important. After he left St. Mary's Hospital, I strongly advised operation, but he declined. If he had accepted the operation, he probably would have died. This case shows that conservative surgery is sometimes the best surgery. Patients with internal aneurisms may live comfortably for a long time, provided they do not have to do heavy work. I believe that aneurism is a good deal like heart

disease. There are aneurisms and aneurisms, just as there is heart disease and heart disease. I recall a somewhat similar case which was published in a journal a few years ago. Aneurism of the subclavian was diagnosed, and operation performed. The patient died, and no aneurism was found.

Dr. M. Price.—I would ask Dr. Roberts if he ever saw a case of subclavian aneurism where there were not some external and positive symptoms near the artery? Is it exactly conservative surgery to tie the subclavian artery without some external symptoms of so serious a condition?

Dr. Roberts.—In this case there were external symptoms of subclavian aneurism. There was dulness under the clavicle, and there was a distinct thrill when you placed the hand under the clavicle. There was a marked difference between the radial pulses on the two sides. During one period of the treatment the right pulse was barely perceptible. As subclavian aneurism progresses, it nearly always bulges up into the neck and outward through the ribs. It was the absence of this, after several years' progress, which led me to doubt the correctness of the diagnosis.

SOCIETY NEWS.

TENTH INTERNATIONAL MEDICAL CONGRESS.

New York, March 7, 1890,

Editor Weekly Medical Review.—I am directed by the Secretary General of the Tenth International Congress to give the greatest possible publicity to the circular, the main points of which I herewith transmit to you with the request that they be published. Yours respectfully, A. Jacobi, M.D.

Invitation for an International Medical and Scientific Exhibition.

In connection with the Tenth International Medical Congress to be held in Berlin, between the Fourth and Tenth of August, there is to be an International Medical and Scientific Exhibition. The exhibits will be of an exclusively scientific nature, as follows:

New or improved scientific instruments and apparatus for biological and strictly medical purposes, inclusive of apparatus for photography and spectral analysis as far as applicable to medicine.

New objects and preparations in pharmacological chemistry and pharmacy.

New foods.

New or improved instruments subservient to any of the departments of medicine, including electrotherapy.

New plans and models for hospitals, convalescent homes, and disinfecting and bathing institutions and apparatus.

New arrangements for nursing, including transportation, baths, etc.

New apparatus in hygiene.

Applications or inquiries inscribed "Ausstellungs-Angelegenheit," and accompanied with a printed card containing the name and address of firm thus applying, ought to be directed to the Secretary General, Dr. O. Lassar, Carlstrasse, No. 19, Berlin, N. W., Germany.

President, R. Virchow; Vice-Presidents, E. von Bergmann, E. Leyden, W. Waldeyer; Secretary General, O. Lassar.

SELECTIONS.

REPORT ON TWO YEARS OF EXPERIENCE IN THE MECHANICAL TREATMENT OF GASTRO-INTESTINAL DISTURBANCES IN INFANTS.

BY A. SEIBERT, M.D., NEW YORK.

By mechanical treatment of gastro-intestinal disorders we understand the washing out of the stomach and of the large bowel of the patient.

There is no doubt in our minds to-day regarding the origin of these affections in infants, in so far as we are able to trace their sources to the food getting into the digestive organs. It is immaterial whether bacteria or their products are the poisons producing the different forms of gastric and intestinal catarrh, and their consequent pathological changes, as long as we know how these germs of disease enter the body; and this question, so much debated up to within a short time ago, we may now class among those settled once and for all.

The revolution this condition has brought about in the treatment of these ailments is apparent. Prophylaxis has taught us the proper preparation of infants' food and especially its sterilization, and it is gratifying to notice the wide-spread interest taken in this preventive measure, although on the other hand, we may readily see in some of our medical journals that quite a number of the authors of the typical papers on summer diarrhœa have no more correct idea of exact sterilization that many practitioners as yet have of antisepsis in surgery.

If then modern research compels us to prevent the entrance of infected food into the child's stomach and intestines, then logically it ought also to compel us, where such infection does occur, before all other measures are resorted to, to empty these organs of the remaining noxious material. We can state that the profession here and abroad, with few exceptions, has been too conservative and too theoretically slow in following this imperative indication—an indication so clear and logical that in the great majority of these cases we might put it into these few words: "Clean the stomach and the intestines and your patient is cured.

This indication is not a new one. The best practitioners have followed it up with medicinal agents long before bacteriology was thought of. But we cannot cleanse a stomach with calomel or castor oil in such a manner as to call it clean afterwards. Epstein's proposition to employ Kussmaul's method of stomach-wash-

ing in infantile gastro-intestinal catarrh has been overlooked for nearly eight years; and though Baginsky has made bowel-washing popular, and many of us have adopted it, yet, on the whole, we may say that but very few practitioners at the present date think of treating each and every case of infentile diarrhœa by large enemata.

It is not my purpose to go into detail to-day as I have done that before in a paper published in the *Archives of Pediatrics* in April 1889; but I simply wish to encourage practitioners in general to at least give this mechanical treatment a fair trial, and for this purpose I venture to report my experience to this Society. Knowing that this first meeting of the American Pediatric Society will be followed up with great interest by a large number of medical men, I hope that this may help to make known this mechanical method, so as to benefit as many little patients as soon as possible.

Since September 1, 1887, I have treated all cases of intestinal catarrh in children under three years of age under my care by bowel-washing, and all cases of acute gastro-intestinal catarrh (cholera infantum) by stomach and bowel-washing combined. In chronic enteritis, resulting in atrophy and marasmus, I have also washed both organs invariably, and in severe cases of infantile dyspepsia I washed out the stomach.

My cases came under observation in private practice, in the children's department of the New York Polyclinic, and of the German Dispensary. I include all cases treated by Dr. W.H. Weber, my assistant at the Polyclinic, as they were also nearly all seen by me, and those of Dr. R. Stein, my colleague at the Dispensary, also, who has kindly added his cases of the last twelve months, making in all fourteen hundred and four cases of gastro-intestinal catarrh in infants and children under three years of age.[1]

Stomach-washing was employed in five hundred and twenty-one cases of cholera infantum (acute gastro-intestinal catarrh). Of those who reported again I can record six deaths. Every child not only stood the washing well, but also rallied more or less in every instance from the collapse it was in before washing. Not one child grew worse from this procedure, and even in the fatal cases the children evidently felt relieved, and not once did depression, convulsions, or death occur immediately after the washing.

In all cases of entero colitis stomach and bowel-washing were employed. All children were evidently relieved, but those cases in which true inflammation of the intestines with peritonitic irritation had developed usually ended fatally, though nausea ceased in every instance and the temperature was usually lowered. These cases numbered eight, with six deaths.

My chronic cases (about one hundred) all got well with one exception, where the mother was suffering from acute tuberculosis and the child had been coughing since it was four weeks old. The child failed constantly and died when two and a half months old.

All cases of intestinal catarrh (diarrhœa), whether mild or severe, were treated by bowel-washing performed from one to three times daily. The effect was most gratifying to the children, their colic and pain usually subsiding. In this class of cases I did not have to sign a death certificate at the Dispensary during June, July, and August of this year, hitherto an unusual result during these summer months. The enemata were given with plain warm water, medicinal additions only being made in cases of follicular enteritis with bloody stools, where a weak solution of nitrate of silver (1 to 500) was injected after the bowel had been cleansed by sterilized water.

Severe forms of dyspepsia in infants were all cured by regulation of diet and stomach-washing, after most cases had failed to get well on proper dieting alone. Among the dyspeptics was the youngest patient, my own child, then thirty-six hours old. The little girl vomited everything brought into its stomach, including mother's milk, black tea, and plain water. As its little brother, now 2 years old, had suffered in similar manner during the first week of his life, weakening him considerably and leaving an exquisite dyspepsia for weeks after, I determined to clean out the stomach of the baby, which evidently, like its predecessor, had swallowed water and mucus during birth. My supposition proved to be correct, for a considerable quantity of water and mucus left the stomach on the catheter coming into the fundus ventriculi, and after a thorough cleansing with warm water the nausea disappeared. The baby stood the proceedings perfectly well (being no more disturbed than if its throat had been inspected by means of a tongue-depressor, and that only in the beginning) although it only weighed seven pounds and had retained no food since birth. It took the breast thirty minutes after the washing and retained the milk, then and since.

A number of writers speak of stomach-washing as a rude method, apt to produce depressing effects and even collapse in the patient: They caution their readers not to employ it in collapsed children. I cannot agree with these writers. The undertaking will only be rude in the hands of those who also cannot look into a throat without great efforts, painful to behold and distressing to the mother and child. I have also never had a refusal by the parents when I proposed this means of helping their offspring. The experiences of these authors appear to be somewhat limited, as not one of them so far has given any figures.

Collapse in chlolera infantum, to my mind, is the strongest possible indication for stomach-washing, and I can make this statment: *The deeper the collapse the sooner the stomach and bowel ought to be washed.*

My last case, first seen September 14, was a twin baby thirteen months old. The twin sister had died in collapse due to severe cholera infantum one hour pre-

[1]The cases were not tabulated, as some could not be followed up, for the children were not brought back, and therefore these statistics are given with the full understanding that they are not perfect.

vious to my arrival. Both breast-fed children were attacked simultaneously two days before. The mother had nursed her children from six to ten times at night alone. The living child, like its sister, a strong, well-built baby, was very low, with pulse absent, in deep prostration. The parents expected death. No œdema pulmonum was as yet present, and so I concluded to wash out the stomach and intestines. Though the parents were very ignorant Russians, who could hardly understand me they readily consented. The child rallied immediately and was practically out of danger the next morning, making a perfect recovery. Of stimulants, only black tea and large quantities of plain water were given; of medicines, only four powders of calomel, each containing one grain.

The catheter I use in stomach-washing is a soft rubber velvet-eye tube, corresponding in size to a No 10 steel bougie (Tiemannn), or No. 13 A, thirten inches long. Attached to this is a glass tube six inches long, necessary to thus bring the outer opening lower down than the fundus of the child's stomach, and to better judge whether the escaping fluid is perfectly clear or not before withdrawing the tube. This glass tube is connected with the regular irrigator (Eissner & Co., New York) or with any ordinary clean fountain syringe.

In bowel-washing a fountain syringe will answer all purposes as long as the child's buttocks are elevated sufficiently so as to let the water run up into the transverse and the ascending colon. It is absolutely necessary that so much water should be allowed to flood into the bowel till reactive abdominal pressure of the child throws it out again alongside of the point of the syringe. The water had better be sterilized by boiling thirty minutes.—*Archives of Pediatrics.*

A CASE OF DRAINAGE IN ASCITES.

BY R. J. HICKS, M.D., WARRENTON, VA.

On the fifteenth day of April, 1886, I was called with Dr. Day, a promising young physician of my town, to see a man, æt. about 30 years, whose occupation was that of a druggist. His habits had been intemperate. His liver was hard and enlarged. His abdomen was enormously distended with dropsical fluid. The whole list of so called hepatics and diuretics had been tried. The one failed to reduce the liver; the other failed as signally to diminish the dropsy. The hepatic obstruction to the portal circulation was the cause of the ascites.

I may remark, in passing, that I have more than once been disappointed in my efforts to reduce an enlarged liver by the use of mercurials and other remedies supposed to exercise a peculiar influence over the liver. I have been disappointed just as often in the use of diuretics. In fact, they may be put down as the most uncertain of our remedies.

The accumulation of water had now become so great as to obstruct the respiratory functions. The secretion of the kidneys was diminished, and the action of the heart was kept up with difficulty.

There was no difference of opinion as to what should be done, Drs. Day and Harris concurring in the opinion that mechanical relief was imperative. He was therefore tapped, and about a gallon of water was withdrawn.

Within three days the fluid had reaccumulated. Tapping was again resorted to; but each tapping caused an extraordinary shock to his nervous system. He was nearly overcome with fear at the mere suggestion of the operation. His pulse would become thready and great drops of sweat would roll down his forehead. It would take fully an hour for his mind to become sufficiently composed to allow this simple operation to be performed.

The trial was such that I made an effort to establish a fistulous opening through which the water might ooze out, but this would close within a few days.

Failing in this, and being satisfied that continuous tapping would overcome him, I determined to try the tolerance of a silver tube. Doctor Hodgkin, a dentist, very kindly and readily cut off about two and a half inches of the perforated end of a silver catheter, and a piece of silver about the size of a ten cent piece, about an inch from the open end, leaving about two inches of the perforated end for entrance into the abdominal cavity. On this was fastened a light, thin piece of cedar wood, to which straps were fastened, for buckling it around the waist as well as preventing it from slipping into the cavity. The open end of the tube was kept closed by a cork stopper to prevent the entrance of air into the cavity. Whenever it was desired to empty the abdominal cavity, the stopper was removed and a long tube substituted, through which the fluid was passed to a vessel at the side of the bed. This was generally done once daily. This tube was kept in the opening, originally made by a trocar, from the middle of April to the latter part of October. During all this time the dropsical fluid was daily withdrawn.

In the meantime his digestion and nutrition were scrupulously cared for. Such diuretics as acetate of potash and extract of scoparius were given; fruit and vegetables were allowed;stimulants were given sparingly; pain and discomfort relieved and sleep promoted by hypodermics of morphia. Under this general course of treatment the water ceased to accumulate and the tube was removed in October.

A short while previous to this he was advised to consult an eminent physician in Baltimore, who prescribed chloride of gold. This was followed by a violent gastritis, whether as a cause or a coincidence I do not know. This gradually yielded to morphia and nitrate of silver. For some time subsequently he suffered from rheumatism, for which he was treated withphosphate of soda and tonics; and under this he slowly but steadily improved. He now (September, 1889) seems as well as he ever was.—*Cin. Med. News.*

Glycerine as a Dressing in Necrosis.—In connection with the recent article in the *Journal*, on the means of closing large bone cavities, the following short notes on the use of glycerine as a dressing in such cases may be of interest, the more so, as although producing excellent results, its use is by no means common. The two following cases occurred in the surgical practice of the Bucks General Infirmary, under the care of Mr. Charles Hooper, Senior Surgeon.

G. P., a pale, unhealthy lad, æt. 15 years. On admittance the anterior aspect of left tibia for a space of eight inches was riddled with twelve sinuses connected with necrosed bone, and involving nearly the whole length of tibia, except articular extremities.

April 8. Patient chloroformed, and by help of chisel, gouge and forceps, sequestra were removed till litttle more than shell of tibia was left, with a large cavity of about nine inches in length. This was at first stuffed with carbolic lint, but at next dressing, glycerine; then covered with pieces of protective and bandage, and limb raised. This treatment was continued till July 12, when the healing process was nearly completed.

July 20. Patient discharged, leg quite healed.

S. E., girl, æt. 7 years. Strumous family history, pale, emaciated on admittance. Over anterior and lower two-thirds of left tibia were five sinuses connected with necrosis of the bone, following acute peritonitis.

May 2. Under chloroform the necrosed portions of the shaft of the tibia, together with some new bone formed around the sequestrum were freely removed, leaving large cavity. At second dressing this cavity was treated with glycerine as in previous case, and continued till cavity was too shallow to hold the fluid.

July 30. Completely healed, with the exception of one small sinus, probably connected with spicule of necrosed bone.

Remarks.—In both cases the reparative process was vary rapid; the granulations florid and redundant, under the stimulating influence of the glycerine, the wounds quite healthy, and moreover, what is a great advantage with young patients, the dressing was absolutely painless as contrasted with the agony caused by plugging cavities in bones. Possibly had the glycerine been impregnated with carbolic acid, the results might have been still more satisfactory.

Henry Caudwell, in *Brit. Med. Jonr.*

On the Antiseptic After-Treatment of Vaccination.—For some time I have been satisfied that the inflamed arms which sometimes follow the operation of vaccination, though properly performed, are due to septic poisoning after leaving the station, and I therefore made it a practice when I was connected with such duties to precede my morning's work with a few remarks to the mothers assemble dupon the disastrous results likely to follow want of care upon their part, pointing out to them that the child must not be allowed to remain in a room where the sink is in direct communication with the main drain (not an uncommon case), nor where the gas is escaping, nor in close proximity to an insanitary ashpit, nor where there is any kind of smell whatever. For all these are conditions found among the houses of the poor. Colored ribbons and other unwashed dyed materials must be banished from the arm and shoulder, which should be left as free as possible from clothing and handling. Likewise the use of the shields and poultices must be strictly prohibited. I directed that in the event of an arm becoming inflamed they should at once apply to me for a lotion and some lint. I always found than an inflamed arm could be traced to neglect of the above precautions, and that such inflamed arms were best treated by the application, for several hours, of lint wet with a solution of hydrarg. perchlor. (1-3000) or of boric acid.

The authorities would do well to consider what is the best dressing to apply to all arms operated upon at their stations, as such treatment would tend to render bad arms things of the past.

G. W. Sessions Barrett, M.B., in *Brit. Med. Jour.*

Detection of Specific Microbes in Synovial Fluid.—Smirnoff has recently published an interesting dissertation (St. Petersburg, 1889) in which he describes his examination of synovial fluid removed from articular cavities. He has found that not infrequently in the course of an infectious disorder the pathogenetic microbes may be detected in the synovia. His investigations embraced fifty-one cases, including erysipelas, pneumonia, abscess, phthisis, typhoid fever, diphtheria, and gonorrhœa. In some cases the search proved negative, while in other cases not only was the specific micro-organism present, but other microbes were also detected, showing that a secondary infection had occurred. Thus, for example, he sometimes encountered, in addition to the gonococcus or pneumococcus, the staphylococcus or streptococcus. Transportations of the germs, from the seat of primary deposit to the joints, occurred either by way of the blood or lymph-vessels. The frequency of articular invasion seems to depend upon the size and form of the bacteria. The small round or oval forms, such as the pneumococcus or gonococcus, obtain much more ready entrance than the rod-shaped, even if these latter be very small, as the tubercle bacilli, while the larger, as those of anthrax and relapsing fever, are unable to penetrate the joints. The results of his studies in croupous pneumonia are noteworthy. Smirnoff examined twenty-one cases of pneumonia and in fifteen obtained positive results. In five out of nine cases of uncomplicated croupous pneumonia, diplococci and streptococci were found in the joints. In another case, aggravated by pulmonary gangrene, staphylococci and streptococci was present. In one case of erysipelas the pathogenetic germs were found in the metacarpo-phalangeal joints of the erysipelatous left hand. In the case of a man who had died of erysipelas enormous colonies of cocci were found in the right shoulder and knee-

joints. The fluid injected into rabbits occasioned erysipelas migrans. In the left knee-joint of a case of diphtheria were found microbes exactly resembling the rod-shaped bacteria of Loffler.—*Wien. Med. Blatter.—Med. Bull.*

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Free reclining chair cars and Pullman buffet sleeping cars, St. Louis to Pueblo, Colorado Springs and Denver. Ticket office, 102 North 4th Street, and Union Depot.

FREE RECLINING CHAIR CARS TO PUEBLO AND DENVER.—The Missouri Pacific Railroad is now running free reclining chair cars and Pullman buffet sleeping cars from St. Louis to Pueblo and Denver without change, leaving St. Louis daily at 9:15 P.M. The rate at present to the above pooints via this line is $15.00. Ticket Office 102 North 4th St., and Union Depot.

LITERARY NOTE.

P. Blakiston, Son & Co., Philadelphia, will publish about March 15, a new Medical Dictionary, by GEORGE M. GOULD, .A.B M.D. It will be a compact one volume book. containing several thousand new words and definitions, collected from recent medical literature, while the total number of words is beyond that in any similar book. It includes also elaborate and useful tables of the Bacilli, Leucomaines, Ptomaines. etc, of the Mineral Springs of the U. S. together with other collateral information.

INFANTILE SPASMS.—Dr. F. J. Heard, of Galveston, Tex. (*Daniel's Texas Medical Journal*) says: In nineteen cases out of twenty, infantile spasms or convulsions may be arrested in one minute by the application of one or two dry cups on the back, from the seventh to the first dorsal vertebræ. This will secure a remission, during which emetics, purgatives, or anything else that the indications may require, may be used.

A BARGAIN.—A full set of Ashhurst's Encyclopædia of Surgery may be obtained at a great reduction by writing to the editor of this journal.

USEFUL FORMULÆ.

ANTISEPSIS OF THE URINARY PASSAGES (PHILIPPEAU). Creolin can be administered in capsules, in doses of 5 or 6 a day, according to the following formula:

℞ Creolin, - - - - gr. .01.
Oil of fagus sylvatica, - 1 gramme.

In gelatine capsules.

Or, the following pills, administered in doses of from 5 to 10 a day:

℞ Creolin, - - - - 1 gramme.
Extract of liquorice,
Powdered liquorice, - - aa q.s.

Make into 50 pills.

℞ Acid. salicylic., - - - 1 gramme.
Borate of soda, - - - - 2 "
Syrup of orange, - - - 30 "
Distilled water, - - 120 "

M. Sig.: To be taken in the twenty-four hours.—*Reuue de Therap.—Times and Register.*

TREATMENT OF HÆMORRHOIDS.—Dr. Emory Lanphear, of Kansas City, recommends the following treatment in the *Medical Catalogue:*

℞ Acidi tannici, - - - - gr. v.
Cocaini hydrochloratis, - - gr. ij.
Petrolati, - - - - - ʒj.

Misce bene et ft. ungt.

Sig.: Apply as directed.

This is to be rubbed upon the tumor, and then an interval of about fifteen minutes allowed to elapse, when another application is to be made; ten minutes afterward the patient is to make an effort (and considerable force can be exerted) to force the protruding mass back into the bowel. If this prove unsuccessful, the ointment can be used every two or three hours for twenty-four hours, and then another attempt made, and so on.

If preferred, the following ointment may be prescribed:

℞ Pulv. gallæ, - - - - ℈j.
Extr. opii, - - - - gr. viij.
Unguenti plumbi subacetat.,
Petrolati, - - - - aa ʒj.

Misce et ft. unguentum.

Sig.: Ointment for piles. This is to be used in the manner above directed.

After the pile has been returned to the rectum, it is well to give a suppository, and for this purpose iodoform is highly landed; it certainly, by its powerful odor, conveys to the patient's mind the idea that something is being done. A good combination is:

℞ Iodoform, - - - - - ʒj.
Balsam Peruv., - - - - ʒij.
Magnessii calcin., - - - - ʒij.
Olei theobromæ,
Ceræ albæ, - - - aa ʒiss.

Misce et fiant suppositor. no. xij.

Sig.: Once or twice daily.

ORIGINAL ARTICLES.

THE CONSERVATIVE TREATMENT OF INFLAMMATORY DISEASES OF THE UTERINE APPENDAGES AND SEQUELÆ BY ELECTRICITY.

BY AUGUSTIN H. GOELET, M.D., PHILADELPHIA.

Read before the Philadelphia Obstetrical Society.

MR. PRESIDENT AND GENTLEMEN.—Thanking you for the honor conferred upon me by this invitation, I am at the same time much pleased to be able to talk with you upon a subject in which I am deeply interested.

There is no condition in the whole range of gynæcological disorders which requires more thoughtful and careful consideration than inflammation of the uterine appendages and its sequelæ. To the patient who suffers it is certainly a subject of paramount importance, and to the physician it is a question of great moment as to what course he shall advise. Shall he try to cure the disease, or shall he take the shorter and more popular course, and advise removal of the diseased organs, thereby confessing his inability to cure? By the older methods of treatment at his disposal, it is true that some cases have been cured; but more frequently the condition has remained unchanged in spite of treatment, the pain persisting so obstinately that the patient, as well as the physician, is driven ultimately to a laparatomy for the hope of relief. But alas! how often have both been disappointed in their expectations, the same old pain, or something worse, being her only recompense for the risk which she has undergone, to say nothing of the permanent stirility which is induced if the operation includes both ovaries. It is true that the mortality following this operation has been so much reduced as to make it appear encouraging; but who will gainsay that there is risk, even in the hands of the most experienced operator? And who will affirm that the results obtained, in those who recover from the operation, are entirely satisfactory in more than half of the number operated on? Viewed from this standpoint, is the picture calculated to encourage the conscientious gynæcologist?

When we are offered a remedy which promises to cure many of these conditions which were formerly thought incurable, it is obviously our duty to give it a fair trial before we condemn poor suffering women to a fate which we may never cease to regret. It is nothing new, and for this reason many are sceptical; but the principles upon which the method is based are sound and scientific, and the statistics of results are generally good. But it is a method which must be understood to be appreciated. I look upon those who cannot accept it with much sympathy, for I once stood in the same ranks, and was very unwilling to believe. But, gentlemen, "seeing is believing." Electricity has wrought some wonderful cures. I have seen accomplished with this agent, what ten years ago would have been thought the dream of a lunatic. Obstacles which were then insurmountable are now matters of every-day accomplishment. For example, I do not believe I ever cured a bad chronic endometritis until I learned how to do so with electricity; and I believe there are many of you present who will acknowledge that they have discouraged themselves as well as their patients with the application of iodine, glacial acetic acid, nitric acid, etc. And how many of these cases really got worse instead of better under that form of treatment!

There are cases being cured every day by electricity which would otherwise be submitted to the knife, and the time is in the near future when it will be the acknowledged duty of the abdominal surgeon, either to give or cause to be given an extended trial of electricity in every case before laparotomy will be considered justifiable, except in those cases, fortunately rare, which call for immediate operation, where delay means certain death. But to day how different is the custom! It frequently happens that laparotomy is the first thing suggested. Who will say that this operation is not abused?

Do not misunderstand me. I do not discourage the operation when it is necessary, but wish to urge more conservative methods than exist at the present day.

But do not be misled by thinking that the advocates of electricity claim it will do everything, or that no case can resist its charmed influence. This is a perversion of the truth, which its enemies proclaim when they meet a case that has been benefited by it. Candidly, we acknowledge that there are cases which cannot be benefited even by electricity, and until medical science has become more perfect, they must submit to the inevitable.

In describing the treatment of inflammation of the uterine appendages, I will take up the three stages separately.

Acute Stages.—Apostoli extols the virtue of vaginal bipolar faradization from the long, fine wire or current of tension in this stage; but I have had no practical experience with it here, and can therefore express no opinion on its merits. Judging, however, from the marked sedative effect which I have obtained from it in the subacute stage, I would have no hesitancy in employing it in the acute stage should an opportunity occur. My experience with this method of using the faradic current dates only from my recent visit to Paris; but I am impressed with what I saw of its effect, while there, and my experience with it since has justified the good opinion formed of it.

Let me say here, that it is impossible to get this sedative effect from the faradic batteries of ordinary construction. It is necessary that the current should be a purely induced one, and that the wire on the bobbin should be very fine and have great length. This bobbin should slide easily over the primary coil around the bundle of soft wires. The current should start at

nothing, with the bobbin at a distance from the primary coil, and should be so gradually increased by sliding the bobbin over the primary coil that the patient scarcely feels the increase, and at no time should she experience the least pain from the current. The seance should last until perfect sedation is accomplished and she expresses herself free from pain, and the application should be repeated often enough to keep pain completely under control; so that, when necessary, they must be repeated several times a day.

Subacute Stage.—In this stage I am prepared to speak of bipolar faradization from clinical experience in the highest terms of praise. The harrassing pain which yields so unsatisfactorily to the ordinary methods of treatment can be promptly relieved by this method, if carefully and systematically carried out. The applications should at first be vaginal, and should be used daily for from fifteen to twenty-five minutes at a time until perfect sedation is accomplished. The abdomen, which in some of these patients can barely be touched previous to the application, will allow any amount of handling afterward.The pain is relieved for only a few hours perhaps after the first application,but with every succeeding seance it will be relieved for a longer period, until eventually the relief will be prolonged until the next application, twenty-four hours later. In some instances, the first application will afford perfect relief for several days at a time. With the cessation of the pain, the associated congestion is likewise relieved, for this current, used in this way, has a decided local effect upon the circulation in equalizing it. The same precautions as necessary in the acute stage are to be observed in this; the current must be increased very gradually, and it should never be used strong enough to produce pain, and should be continued until perfect sedation is accomplished.

When all that is possible has been accomplished by these vaginal applications, and when the uterus will tolerate the introduction of the sound, the small bipolar uterine electrode curved to suit the canal is introduced into the uterus, and the applications are made there in the same way.

When this stage begins to merge into the chronic state, the treatment must be re-enforced by intra-uterine galvanization with the positive pole. At first only an occasional application is given, say once or twice a week, of not more than from 20 to 30 M., for three or four minutes, and the faradization is continued in the interval.

If the patient's confidence can be gained at the outset by relieving her pain, half the battle is already won, and this can certainly be done by fine-wire bipolar faradization.

Chronic Stage and Sequelæ.—In the chronic stage, the constant or galvanic current is used, and to accomplish results it is necessary to employ apparently heroic doses. But it must be understood that tolerance of the current is progressive, and that by gradually increasing the strength it is possible, eventually, to use with safety a dose which at first would not only be unsafe but unbearable to the patient. This is a point which cannot be clearly understood except by those accustomed to the use of this agent. The large size of the external electrode allows these apparently enormous doses to penetrate the skin and to be borne by the patient with little or no inconvenience.

In some conditions it is possible to accomplish much with the vaginal applications, if used sufficiently strong; but the small doses here are ineffectual, and mere waste of time.

I will speak more particularly of the use of the intra-uterine chemical galvano-caustic applications and of the vaginal galvano-puncture, the only way this current is used by Apostoli in these conditions.

The positive pole is always the choice in commencing this treatment when any degree of inflammation exists, because it is less irritating and exciting than the other pole, and exerts a more sedative influence. Beginning with not more than 20 to 40 M., with the bare platinum electrode, which is so arranged as to take effect upon the whole uterine canal, from the external os to the fundus, the first seances should last from three to five minutes, and be repeated every second day. Gradually increasing the dose at the succeeding seances as tolerance is established, the current is pushed when necessary and well borne to 50, 100 or 150 M. But when the higher intensities are reached it is better to repeat the applications only twice a week. Too frequent applications sometimes produce a sensitive condition of the endometrium, which prohibits further applications for a time, until this has subsided. There is always associated with inflammatory conditions of the appendages a sensitive condition of the endometrium, which will sometimes restrict the increase of the dose beyond 50 or 60 M. And in some cases it is quite unnecessary to exceed this dose, for it will often accomplish all that is desired.

When the case does not progress satisfactorily, nor bear the intra-uterine treatment well, or when all the good possible has been accomplished by the intra uterine applications, the positive vaginal galvano-puncture is done. A small fine pointed needle is used, which is not insulated as it passes through the tissues, and the puncture is made to a depth of only half a centimeter—just enough to enable the current to gain access to the disease. Marked benefit will follow these punctures if the indication is appropriate; and it is seldom necessary to exceed 50 M. used for five minutes, which often the patient can bear without an anæsthetic. When necessary, a very little chloroform may be given to take off the rough edge, for punctures are more painful than the intra-uterine applications. Usually the benefit from a puncture of this kind will be at once noticeable. A sensitive spot in the pelvis, which previously was so tender that the slightest touch caused the patient to flinch, will afterward be so much changed as to allow considerable manipulation. The patient may suffer an aching in the pelvis for a varying period during the first twen-

ty-four hours, but after this passes off, she begins to notice a decided improvement in her previous condition, which continues. In some cases, one puncture will be sufficient, the cure being completed by the intra uterine applications. A wonderful change is often brought about,—the previous sensitive condition has disappeared, and with it the fulness and thickening of the broad ligament, which was plainly noticeable to the touch before. One puncture will not always be sufficient, and when others are necessary they may be done at intervals of a week.

The method of procedure is this, viz: The vagina and vulva are douched with an antiseptic solution; the insulating sheath, which covers the needle, is passed along the finger to a point previously selected. Care must be observed to avoid a pulsating vessel, and the lateral surface of the vaginal vault is to be preferred. Selecting the most sensitive spot then, with these precautions, the sheath is held firmly against it, and the needle is passed through it and into the tissues to the limit previously fixed by a set screw on the handle of the instrument. Apostoli uses a steel needle, and destroys one every time by the action of the positive pole. I have had a needle made with a steel shank and a platinum point which screws into it. This needle will last for some time, when the point will become dulled and require sharpening. After the application, and when the needle has been withdrawn, a loose iodoform or creolin gauze tampon is placed in the vagina, and renewed every twenty-four hours.

The positive puncture is to be preferred where it is effectual, because it provokes less irritation. Under its influence, absorption is promoted, though in a less degree than by the negative pole. Even in exudations, especially if recent, the positive puncture will promote and hasten absorption, but some exudates require the negative puncture, which is more powerful to effect absorption.

While the intra-uterine galvanization has for its object the accomplishment of a cure of the inflamed appendages by attacking first the inflammation of the endometrium, which almost always co-exists and which in many cases has been the origin of the trouble (the inflammation of the tubes being an extension of the inflammation from the endometrium), the galvano-puncture aims at a cure by bringing the current into direct contact with the diseased structures. It may not be essential to actually penetrate to the interior of the tube, unless it is distended, and then, where feasible, it is better to draw off the contents with a fine canula and introduce the current through the canula afterwards for its effect upon the tube. In many instances an inflamed tube may be cured by the intra-uterine galvanization alone, especially if the applications are localized in the cornua of the uterine cavity on that side, and the applications are persisted in. It is some times possible even to employ a distended tube in this way where the proximal end is only obstructed by an inflammatory condition. By relieving this condition, drainage into the uterine cavity can be accomplished. But if the tube is flexed at this point and dragged down by its increased weight, or fixed in a prolapsed position by an inflammatory deposit or adhesions, it will be impossible to effect drainage in this way until the distended tube has been emptied and the inflammatory condition and adhesions have been removed. Frequently when the prolapsed and distended tube has been emptied by the method which I have designated, galvano-tapping, the tube is relieved of the weight which drags it down, and, if there be no adhesions, it will rise again to somewhat its normal position and the intra-uterine applications will enable any subsequent drainage to take place by the natural channel into the uterine cavity.

But the condition will not be appropriate for aspiration and drainage by the vagina unless the tube is greatly distended and close to the vaginal wall within easy reach; for I limit the penetration of these aspirations to one centimeter in depth, and deem a puncture which does not exceed this to be perfectly safe if the location has been properly selected. It is seldom necessary to exceed a depth of half a centimeter, but the sheath on the canula is arranged so as to allow a penetration of one centimeter when necessary.

Observing the same antiseptic precautions as for puncture, the point of the trocar is drawn within the canula and passed along the finger in the vagina which guides it to the spot selected. The needle must penetrate easily so as not to endanger rupture of the tube, and, if it does not, the handle of the trocar may be connected with the negative pole and 15 or 20 M. turned on to facilitate its entrance. Withdrawing the trocar when the canula has penetrated to the distance allowed by the sheath, the sac is emptied with the aid of the aspirator.

If the case be one of hydrosalpinx, the negative pole is then connected with the canula and 50 M. is used for five minutes. If it be pyosalpinx, the cavity is washed out with an antiseptic solution, as an extra precaution, and the positive pole is used through the canula with 50 M. for five minutes. The effect of the current is to cauterize the track of the canula, shutting it off from the tissues which are penetrated, thereby preventing extravasation and the absorption of septic material. At the same time an exit is furnished for subsequent drainage until the puncture closes.

I have been able by this means to relieve and cure a number of cases where otherwise a removal of the diseased structures would have been necessary, and that, too, without risk to the patient and without a prolonged confinement in bed.

The vaginal galvano puncture is particularly applicable to those cases which are designated as fullness and thickening in the broad ligament, the condition being one that was formerly known as chronic pelvic cellulitis, and which really is a mass of exudation with adhesions surrounding the tube and ovary, which are or have been in a state of chronic inflammation. Here the puncture

which brings the current directly into contact with the diseased condition will accomplish what will not be possible by any other means. And the reason is obvious, for by it there is obtained the polar, as well as the interpolar, action of the current. By the other methods of application, the interpolar action alone is made use of. In this we have as much *plus* the polar action. By the method which makes use of the interpolar action only, it is possible to cure some of these cases; but it is slow and often ineffectual, and there is more satisfaction in combining the two.

If I have omitted to describe all of the conditions under this head for which this treatment would be appropriate, I trust I may be pardoned, because of the limited time at my disposal.

REPORT ON PROGRESS

THERAPEUTICS.

BY F. NEUHOFF, M. D., ST. LOUIS.

Sodium Salicylate in Dysmenorrhœa.

Text-books classify cases of dysmenorrhœa according to their etiology, and then recommend a special manner of treatment for each class. Theoretically this method of procedure leaves nothing to be desired, but there are many reasons which prevent its being generally adopted in actual practice. For, the differential diagnosis of the various classes of dysmenorrhœa is not always possible, and even when a perfect diagnosis has been made, there are frequently reasons why a curative plan of treatment can not be pursued. For instance, the patient may be unwilling or unable to undergo a painful, tedious and often dangerous method of treatment which, after all, is, in many cases, uncertain in its results.

A palliative remedy which will benefit a large percentage of cases of dysmenorrhœa, irrespective of their special pathology, and which can be employed for a long period of time without deleterious effect on the general health, such a remedy has always been strenuously sought after by the general practitioner. Whether salicylate of soda will prove to be this much sought-for drug, time alone can tell, but certainly the results obtained by Drs. Reynolds and Haven, which are published in full in the *Bost. Med. and Surg. Jour.*, give great grounds for hope.

Thirteen cases of dysmenorrhœa were taken at random, and put on ten grains of salicylate of soda t. i. d., for one week preceding the catamenia. The medicine was continued until the time when the pain usually disappeared. No concomitant treatment was employed except in one case, which was complicated by a prolapse of the womb. A pessary relieved the prolapse, but did not affect the dysmenorrhœa.

Of the remaining twelve cases, three were found to have anteflexion of the cervix, three had catarrhal salpingitis, one was affected with bad endocervicitis, and one had membranous dysmenorrhœa (?). In two cases the pelvic organs were found normal; in two no examination was made.

Of the three cases of anteflexion, one was not improved, one was partly, and one completely relieved. The three cases of salpingitis were all promptly and completely relieved, so far as their dysmenorrhœa was concerned.

The patient with membranous dysmenorrhœa was somewhat but not wholly relieved by her first experiment with salicylate, which she had not time to try again. The patient with endocervicitis said, on her next visit, that she had "come round without knowing it." The two cases with normal pelvic organs, and the one with prolapse, were completely relieved. Of the two who were not examined, the pain was wholly controlled in one, while the other was unrelieved. This latter patient was, however, suffering from a sharp attack of probably subacute pelvic peritonitis, and was not a fit subject for experiment; but she must be counted for the sake of fairness.

In conclusion: Of the thirteen cases, nine were completely and two partially relieved, while in two the treatment was without effect. In two cases the omission of the salicylate was followed by a return of the pain, and at the next catamenia its resumption resulted in a painless flow.

Treatment of Inflammation of the Tonsils, Including Diphtheritic.

The supposition that the above diseases are parasitic in character has given origin to their treatment by the various germicides. The author (Dr. Haberkhorn) has given salicylic acid a trial. On account of the apparent deficiency of the present methods of application, such as painting, gargling and insufflation, the author recommends as a substitute the pressing of salicylic acid crystals into the diseased tissues. This may be accomplished by means of a dry or slightly moistened brush. The whole diseased mucous membrane must be impregnated with the crystals. The latter, being gradually dissolved in the fluids of the body, will, by a continuous action on the neighboring parts, destroy the offending agents.

The above method of treatment should be applied twice a day, and was well borne even by children. The effect was favorable. Reactionary inflammation and casting off of the exudation soon occurred.

As accessory treatment, the author prescribed a mixture of 35 grains of salicylic acid in 5½ ounces of gummy solution. Of this a tablespoonful was taken every two hours.

This latter mixture alone frequently proved capable, in the various forms of tonsilitis, to relieve within 24 hours, both the fever, as well as the local discomfort and inflammatory swelling.—*Cent. f. Chirurg.*—*Cent. f. gesam. Therap.*

As to the value of salicylic acid in diphtheria, I can give no opinion, as I have had no experience with the drug in this direction. But that salicylic acid relieves the pain and local discomfort in ordinary tonsillitis and in scarlatinal angina, I think there is no doubt. I have had excellent results with its soda salt in quite a number of cases of the above named complaints. This use of salicylic acid and salicylate of soda is not new, but it is not so common as its efficacy merits.

Cactus Grandiflorus.

It is the opinion of A. O. Jones, M. D. (*Brit. Med. Jour.*), that the employment of cactus grandiflorus in asthenic heart diseases offers an interesting field for investigation.

Lauder Brunton divides the action of digitalis into three stages. The first is that of stimulation of the vagus; the second action is the sudden depression of vasomotor apparatus of the renal arteries; the third stage is the depression of the vagus, exhaustion of the ganglia, weakening of the heart; and the circulation begins to fail.

Dr. Jones finds that cactus grandiflorus has an action in some respects exactly opposite to digitalis. For, in the final stage of its action, the former drug strengthens the heart, and consequently the circulation improves.

Thus where digitalis appears to be a drug applicable to sthenic or over-stimulated conditions of the heart, cactus grandiflorus appears to be applicable to asthenic conditions of the heart.

To support his position, the author cites several examples of weak heart from various causes and variously complicated, in all of which the same drug acted admirably.

The Ice-Bag in Pneumonia.

Niemeyer advocated the application of cold compresses to the chest in pneumonia twenty years ago. He states that it seemed productive of good results in all but a few cases, in which latter the necessary manipulations of frequently changing the compresses were so annoying to the patient that the remedy had to be abandoned.

By substituting the ice-bag for the compresses, I have succeeded in eliminating the objectionable features of the old method of treatment, at the same time greatly enhancing its beneficial properties. The following is a classification of the results:

Out of the eighteen cases in which the ice-bag was employed, it was followed in five, by immediate and complete arrest of the pyrexial process. In two cases, immediate arrest of the pyrexial process followed the application of the ice-bag, and its removal was followed by a relapse.

In three cases immediate arrest of the pyrexia followed the use of the ice-bag; a relapse followed its removal, and a second fall occurred when the ice was reapplied.

In two cases a rapid fall of temperature followed the application of ice, but relapses occurred while the ice was being continuously applied. The rise of temperature, however, was only temporary, and was soon succeeded by permanent defervescence.

In four cases no immediate arrest of the fever followed the use of the ice, but obvious relief of the symptoms resulted.

Finally, there were two cases in which no obvious benefit resulted from the ice-bag.

Of the eighteen cases none died. Although most of them occurred in young persons (in whom the prognosis of pneumonia is usually good), some of them exhibited such alarming symptoms that I think they would have died but for the ice-bag.

In the great majority of cases, remarkable improvement followed the application of the ice. The reduction of temperature which usually occurred was often very striking and frequently amounted to four degrees. But the improvement was not confined to a mere lowering of the fever. In many cases there was a decided arrest of the physical signs and also of the general symptoms of the disease.

My conclusion is that the ice-bag applied over the affected lung in ordinary pneumonia has a curative influence; that it does not simply reduce the temperature, but that it distinctly tends to repress the inflammatory process in the lung, with more or less success according to the severity of the case and the height which the inflammation has already reached. Whether its action is beneficial also in the epidemic and "pythogenic" forms of the malady, I can not say since I have had no experience with these.—Dr. D. B. Lees, in the *Lancet.*

Slight Continued Diarrhœa and its Treatment.

In many cases of continued diarrhœa, the habitual looseness of the bowels is of so slight a degree that at the first glance it can scarcely be regarded as more than one symptom of intestinal dyspepsia. But careful examination usually reveals the presence of an excessive amount of serum and of occasional gelatinous or stringy mucous in the stools. This shows that either as cause or effect there exists local intestinal catarrh.

The patient generally experiences progressive loss of strength, flesh and color, yet may exhibit no digestive symptoms, except that daily, or with few exceptions, the evacuations are liquid. There may, however, be days when the stools are well formed, and days may pass without the bowels being moved. Sometimes the patient is habitually disturbed early in the morning by an urgent call to stool. The movement will then be liquid or semi-liquid in character. This may be the only movement during the day, or there may be one or more shortly after breakfast. Occasionally abdominal distress may occur at the same time. During the rest of the day the patient may be perfectly comfortable and free

from disturbance. Exposure to cold usually results in a slight increased looseness of the bowels.

The tongue is, as a rule, clean, and the appetite unimpaired. In many cases any article of diet can be taken with impunity. In other cases, certain victuals or beverages will be found to be followed by increased intestinal disturbance. The abdomen may, on ordinary palpation, appear indolent everywhere. Careful palpation with tips of the fingers, however, will frequently show tenderness over the colon, especially in its descending portion.

As to treatment, first of all, pay attention to the diet and personal hygiene of your patient. Secondly, prescribe the following enema to be taken after the first movement of the bowels: One ounce of warm water, containing one or two grains of sulphate of zinc, with from five to ten drops of deodorized tincture of opium, according to the amount of looseness. A second injection may be required later in the day in severe cases. It is well to have the patient lie down a half hour after each injection. Internally, you may give six grains each of bismuth subnitrate and Sheffer's pepsin. As improvement advances you may finish up the treatment by the administration of arsenic, iron and cod-liver oil, if well borne.

The benefit derived from this plan of treatment is usually prompt. The pathological condition present is no doubt, circumscribed catarrh of the colon. The amount of liquid used in the injection is too small to reach the point of disease; nevertheless, its use is unquestionably beneficial, although the value of diet and hygiene must not be overlooked.

Of course, the above remarks do not apply to the more grave cases of chronic diarrhœa, nor to cases where the lesion is in the upper bowel.—Wm. Pepper, in *Med. News*.

Oil of Eucalyptus in Malaria.

J. H. Musser, M.D. (*Med. News*), has conducted a series of experiments in regard to the value of eucalyptus in malaria, and has arrived at the following conclusions:

Eucalyptus has no influence on the organisms found in the blood of patients suffering from malaria, and is of no value in the true acute intermitting fever.

It is, however, of great service in cases which might be called habit chills, that is, in cases in which the chills recur, as it were, from habit, even after the system has been completely saturated with quinine. It is also of service in cases of neuralgia occurring in persons who live in a malarial district, and in headaches, generally congestive, not due to disease in other portions of the body.

Again, there are cases in which quinine controls the paroxyms, but other symptoms, such as headache with flushings, with an awful sense of heat, and with intense lassitude and general aching, continue to recur at regular intervals. In many of these cases eucalyptus will affect a cure.

In a former paper on this topic, the author advanced the opinion that about 33⅓% of cases of true intermitting malarial fever were benefited by the administration of oil of eucalyptus. He arrived at this conclusion because, having adopted eucalyptus as the routine drug in a number of cases admitted to the Philadelphia hospital, he found about that per cent of patients got well under the treatment. In the light of more scientific experiments, however, the author attributes this percentage of cures not so much to the administration of the eucalyptus as to removal from malarial district which coming to the hospital entailed, and to the inherent tendency of the disease to get well of itself.

The dose of oil of eucalyptus is five drops, four times daily.

Cocillana.

Dr. Wilcox (*Med. Rec.*) relates a number of instances in which he used cocillana, with good effect, in bronchial troubles. The dose employed was one-half to two teaspoonfuls of the concentrated tincture, repeated at intervals of a few hours. The drug appears to stimulate the mucous glands of the respiratory and intestinal tracts, thus liquefying the bronchial secretions and relaxing the bowels. It may, with advantage, be substituted for apomorphia in all cases of acute bronchitis, except during the first forty-eight hours. It is superior to ipecacuanha, because it does not so readily nauseate, and because it relaxes the bowels and increases the appetite. It is much safer than pilocarpine, because it does not depress the heart's action, but on the contrary, it seems to be somewhat of a cardiac stimulant.

The special field of usefulness of cocillana, however, is in subacute and in chronic dry bronchitis.

In cases of bronchorrhœa it would be worse than useless, as it would only increase the already too profuse secretion, and because it does not stimulate the respiratory center, like strychnia and belladonna.

In conclusion, the author states that in chronic pulmonary disease, he has found that under the use of cocillana cough and expectoration diminish, night-sweats, inappetence and constipation are relieved.—*Jour. Am. Med. Ass'n.*

Antipyretic Action of Phenacetine.

Th. Fr. Gneissler (*Vratch*) has made a series of experiments on the administration of phenacetine to febrile patients (two cases of pleurisy, one pneumonia, one nephritis and fourteen typhoid fever). The daily dose employed was eight grains, and the effect on the temperature, pulse, etc., was carefully noted. The following conclusions were made by the author:

1. The drug acts more powerfully when the whole daily dose is given at one time. It is less effectual in cases of pleurisy than in cases of typhoid fever.

2. Taken in one dose, eight grains of phenacetin causes a lowering of temperature from the first half

hour. In most cases sweating occurs at the end of the first hour, more rarely at the end of the second hour.

3. The lowering of the temperature reaches its maximum one and one half to four hours after the administration of the remedy, and amounts to from one to four degrees of Centigrade. The higher the previous temperature, the greater is the fall produced.

4. Having attained its mimimum, the temperature rises again gradually without a chill. It rarely remains at its minimum more than an hour or two, and returns to its initial height about five or eight hours after the administration of the drug.

5. When the pulse and respiratton are augmented in frequency, phenacetin lowers them. The pulse grows fuller and harder. The dicrotism disappears.

6. The blood pressure is increased somewhat.

7. There is amelioration of the general state, especially pronounced in pneumonia.

8. Shortly after the administration of the phenacetin (one-half to one hour) there occurs general dilatation of the peripheral blood vessels. This is soon followed by a contraction of the vessels. In most cases the latter precedes or accompanies the appearance of the first drops of sweat.

9. The loss of heat by the skin increases during the first half hour. Later on it decreases, and holds a direct relation to the height of the central temperature.

The author concludes by stating that phenacetin is an excellent antipyretic, ameliorating the general inflammatory condition, acting favorably on the pulse and blood pressure, and, moreover, has never been found to be followed by disagreeable after effects.—*Nouveaux Remedes*.

TRANSLATIONS.

AN ANALYTICAL STUDY OF THE METHODS MOST FREQUENTLY USED FOR INDUCING PREMATURE LABOR.

BY DR. AL. BOISSARD,

Director of the Obstetric Clinic.

Translated by Gerolt Gibson.

Premature labor induced by artificial means appears to-day as one of the most beautiful and fortunate achievements of the science of obstetrics. And yet, scarcely sixty years have elapsed since this mode of intervention, which succeeds in saving two beings at once, was rejected by the Academy of Medicine, under the influence of Baudelocque, Capuron and Orfila. They were then dominated by the fixed idea of the inviolable nature of gestation, and proper instruments, free from danger and capable of rapidly achieving the desired results, were wanting; indeed, the only resource that was attempted, aside from enforcing labor, was the premature and artificial rupturing of the membranes, and it was for the arrest of serious hæmorrhages in pregnancy that Louise Bougeois and Cuzos employed this latter method, and not with the definite object of interrupting the natural course of gestation itself. The end which they aimed at and attained was the arrest of the sanguinary discharge; the interference with gestation, on the contrary, was merely a consequence which had to be accepted.

It would not be without interest to review the principal means invented and employed since the time of Stolz in 1831 for provoking premature labor; these methods are numerous, or rather they used to be numerous, for nowadays recourse is had only to three or four methods, which, in fact may be said to constitute mere variations of one and the same principle.

We at present possess perfectly effectual and innocuous means for doing this, yet according to the circumstance of each case (primapara, multipara, particular condition of the cervix, ovary, or the pelvis), preference should be given to one means or to the other, and that also aside from the question whether the confinement should be induced or not, the choice of the manner of procedure is to be considered.

Whatever methods may be employed, they all have the object of putting the uterine contractility in action —a uterine contractility of a special sort, however, *i. e.*, capable of provoking the physical changes of labor. It is well known, indeed, that during the whole period of gestation the uterus contracts at more or less frequent intervals, that these contractions, perceptible by placing the hand upon the abdominal wall, are sometimes felt by the woman herself, producing a painful sensation, and yet these intermittent and involuntary contractions, whether painful or not, do not produce any change as far as the neck of the uterus is concerned. We might report here three cases within our own observation, in which during the last four months of gestation the uterine contractions were painful and sufficiently prolonged to make one believe that labor had commenced. Yet in these three cases gestation continued to the normal time.

There must be, then, as far as the results are concerned, several sorts of uterine contractions; in a word, efficient and inefficient contractions, although we are unable to explain the origin or the causes of the difference as regards the production of labor.

However that may be, it is the awakening of this special efficient uterine contractility which the experimentors have sought to produce. This action can generally be easily excited, but sometimes it cannot, in which case one finds himself in face of considerable difficulties. In fact, besides a uterus being what we shall call intolerant, there are cases in which the uterus has an inconceivable tolerance, which resists the various means employed. These personal differences in women explain how the numerous instruments in the hands of the same experimentors have in turn proved successful or unsuccessful, especially when we consider the fact to which Prof. Pinard has called our attention, that the same uterus becomes accustomed and habituated to the

various agents employed to provoke successive accouchments. The uterus becomes more and more tolerant, and it is more difficult, that is, it requires more time with the same woman to induce labor in the third or fourth case than in the first.

Having recognized these facts we may now examine the instruments and the agents which give the greatest number of successes in the shortest space of time.

To be successful, the agency employed must combine three qualities:

1. Harmlessness.
2. Rapidity.
3. Constancy.

Any mode of procedure which does not unite these three qualities would be inferior or bad; I shall, therefore, not speak of medicaments or agents acting indirectly by reflex action, nor of different tonics; no one would nowadays make use of these means, which have deservedly been abandoned; but I shall examine only the advantages, the inconveniences, dangers and results furnished by the agents which act directly upon the neck or the body of the uterus.

Not having personally had any experience with the use of galvanic currents for inducing labor (it being a process little or not at all used in France at the present time) we shall confine attention to the mechanical agencies which act directly upon the neck, in the cervical cavity or in the uterine cavity itself.

The principal agents of this sort are:

1. Uterine douches.
2. The introduction of dilating instruments.
3. The introduction of exciting agencies.
4. The introduction of agencies, both exciting and dilating.

Among the dilating instruments are prepared sponges, laminaria tents, bougies, balloons or bags.

The uterine douche (Kivisch's process) was a means frequently employed a dozen years ago. Prof. Depaul was much given to using it, and it is employed extensively in Russia to-day. It is a process which should be discarded altogether. It should be abandoned because it is very slow, uncertain and dangerous; it requires the application of three or four douches upon the neck of the uterus every day for two, three, four, five, or more days; often it is necessary to fall back upon some other process, and what is worse, when it succeeds it is dangerous, for the uterine douches only act through the traumatism which they cause; it is, as it were, an aquapuncture. A process which cannot be efficacious without dangers and accidents should be abandoned. It is in consequence of a number of accidents arising from perforation and the production of embolus that this process has been definitely rejected from practice (accidents having been reported by Depaul, Tarnier, Tourin, Salmon, Simpson, Esterle, Ulrich, Olshausen, Lozzati). Other mortal accidents will be reported in the future if this process continues to be resorted to.

Prof. Pinard (wishing to show the traumatic action of the uterine douches in provoking confinement) demonstrated in a series of experiments made upon women whom he intended to confine prematurely, that the irrigation and the gentle, slow, continuous vaginal douche was impotent to induce labor. In a trial reported in Gouvry's thesis in 1887, nine hundred and sixty-seven litres of water were injected at a temperature of 46° or 48° without precipitating confinement. Among the mechanical agents introduced into the cervical cavity, the most extensively used are the prepared sponge balls, and the laminaria tents. Though it is difficult to render the sponge balls aseptic, it is not so with the laminaria tents, which are left to soak twenty-four hours in iodoformed ether. Therefore preference should be given to this agent; it works gently, without producing lesions in the cervical mucous membrane, as is done by the sponge balls, which become embedded, so to speak, in the cervical membrane, and open just so many doors for the septic agents.

Though it is easy to introduce the laminaria tents, and place them in position, it is difficult to keep them there, and they are apt soon to fall into the vaginal cavity; their effect ceases as soon as this occurs; furthermore the dilatation obtained in this manner is of a minimum degree, and it is necessary to introduce more and more voluminous tents. This slow and inconstant, process cannot well be used with multipara, where the cervical cavity is quite easily ruptured, and therefore, it must be abandoned. At the very most it might be used in some rare cases of primapara to start a dilatation which would permit, for instance, the introduction of a balloon, according to the method of Borner, which, however, has not come into general use.

Taken altogether, this process belongs rather to the province of gynæcology than obstetrics.

Before discussing the results of the employment of exciting agents, and of agents at the same time exciting and dilating, it will be necessary to speak a word about the perforation of the membranes as a means of inducing confinement. This process is infallible, which is an attribute greatly in its favor, but it offers such difficulties and sometimes danger, that it has been discarded from practice except in some few cases which we shall mention.

Though this process is infallible, it is on the contrary extremely slow. It is susceptible of causing lesions on the part of the mother or of the child; it has a tendency to produce procidencia and mal presentations; lastly, if the child should succumb, on account of its slowness, very grave difficulties would be presented by the putrefaction of the fœtus. It is thus to be seen that the superior attribute of infallibility does not compensate for the difficulties and dangers which it imposes. However, there are some cases where recourse must be had to this process to get a depletion of the uterus. In some cases of hydramnios and the gravido cardiac conditions, recourse should be had to this method of emptying the uterus, taking extraordinary precautions for slowness and gentleness. By bringing about a slow but continu-

ous evacuation of a part of the contents of the uterus, the patient will be enabled to escape the menaces of a rapid death arising from dyspnœa and cyanosis.

We have now at last gotten down to the plan of employing irritants and dilating agents at the same time, which are the only processes employed at the present day.

We shall only speak of the bougie process, called Krause's process, and of the balloon process of Prof. Tarnier and Dr. Champetier.

The employment of the sound, which cuts into the membrane and by its presence excites uterine contractions, is the most convenient of all processes, and does not require a special set of tools—which is a considerable advantage. Unfortunately it works slowly and may fail altogether, or even sometimes cause a mishap.

Indeed, slowness, uncertainty and the possibility of accidents are the three reasons which prevent our preferring this process.

The slowness in attaining the desered results is shown in every case. Generally it is only after two, three or four days that the confinement is through with. And sometimes after successively introducing a number of sounds, each larger than the other, it is at last necessary to give up this method—and what is worse the sound may cause a mishap. Besides the danger attendant upon the prolonged contact of a foreign body against the uterine walls, the membranes might be broken or the placenta be cut.

For these many reasons we prefer exciting agents, or still better agents with the double quality of exciting and dilating at the same time, although they in turn, are subject to some objections. Among these agents there are two which seem to us superior to all hitherto spoken of. These are, the method of Prof. Tarnier, and the dilating and exciting balloon of Dr. Champetier.

The exciting agent used by Tarnier gives rapid results. The average time transpiring between the introduction of the balloon and the expulsion of the fœtus was, in our own observations, from twenty to forty hours.

The little caoutchouc bottle does not break, as it is now made, under the pressure of the liquid injected into it. But this little bottle scarcely attains the size of an egg, after a few hours before it is expelled from the uterus either in the case of primiparæ or multiparæ, and falls into the vagina. The work then ceases, necessitating the employment of another instrument. In order to avoid this difficulty and diminish the length of time necessary to provoke confinement, Prof. Tarnier has constructed an apparatus especially for the purpose, to which he has given the name of "labor accelerator."

In 1888 Dr. Champetier presented a balloon made on a new model. The particular characteristics of this balloon are

1. The shape.
2. The dimensions or volume.
3. Its non-elasticity.

It has a curious shape—its greatest circumference measures 30 to 33 centimeters, and its greatest capacity is 640 grs. of liquid. It is not elastic, which makes it not only a dilating agent at the neck, but along the whole vulvo-vaginal canal.

Dr. Champetier reports 18 observations, and we ourselves can report several.

Two principal facts pertain to the employment of this balloon—the rapidity of confinement and the certainty of the results. Indeed, the average duration of the confinement is from twelve to fourteen hours. It is easy to conceive the importance of hastening results in some cases of necessity, as where the fœtus has putrefied, or where it is necessary to re-open the cervical canal in search of a placenta. But let us now see if this process is applicable in every case and with all women, and if there are not some times great difficulties to be encountered.

At the beginning of his experience, Dr. Champetier used a balloon of a thick and non-elastic tissue which made a considerable bulk upon being introduced, it being rolled up and caught in the teeth of a long curved pincers. This necessitated the use of chloroform. This was complicated and objectionable. The tissue of the balloon used now is so thin that the balloon and the pincers together are scarcely more than an inch thick, therefore the use of chloroform may be dispensed with. But notwithstanding this improvement it is evident that in inducing premature confinement in the case of a primipara, not yet at the eighth month of gestation, difficulties and even impossibilities would be encountered as we have already remarked.

Lastly this method might be subject to a number of objections, which have been examined into and discussed by the originator of the method himself.

These difficulties are:

1. Ruptures of the membranes.
2. Tears of the placenta.
3. Prolapse of the limbs and of the cord.
4. Pushing back or displacing the fœtus.

Out of 18 cases rupture of the membranes has been observed twice, tearing of the placenta once, prolapses three times, which makes a proportion of 33% of mishaps, but all these cases terminated favorably both with the mothers and infants, but it is not to be forgotten that these observations were taken in hospitals where the patients received the most scientific care and attendance. Would it be possible to obtain the same degree of success in private practice?

It is certainly true in every case where bulky balloons are introduced into the uterus that the part which is about to become disengaged is displaced or pushed back, which however would not cause any particular difficulty where the pelvis is narrowed at the superior strait, and if care is taken to raise the cephalic extremity at the opportune moment to a level with the superior strait. However, we wonder if the cephalic extremity ought to be or could be pushed back, it being seriously engaged, as in cases where premature confinement

should be induced on account of a narrowing of the inferior strait.

By way of recapitulation we note

1st. That of all the means heretofore used for inducing premature labor, the balloons of Prof. Tarnier and Champetier de Ribes appear to us to be the best.

2nd. That notwithstanding the difficulties which might result from the introduction of a bulky balloon into the uterine cavity, the balloon of Dr. Champetier gives the most rapid and certain results.—*La France Medicale.*

The Estimation of Uric Acid.—Of the methods in use for the estimation of uric acid some are too delicate and others are wanting in precision. MM. Arthaud and Butte propose the following, which obviates these two inconveniences. It is based upon the property which uric acid possesses of forming with salts of copper a completely insoluble urate. At first sulphocyanide of copper in solution with sodium hyposulphite was employed, but the following is the formula of the solution now used: sulphate of copper, 1.484 grammes; sodium hyposulphite, 20 grammes; sodium and potassium tartrate, 40 grammes; distilled water, a sufficient quantity to make a litre of solution. The cupric salt in contact with the sodium hyposulphite is reduced, and the excess of hyposulphite helps to maintain the salt of copper in the cuprous state; the part played by the soda tartarata consists in giving stability to the reagent, and to prevent the formation of sulphide of copper. Experiment has shown that 1.428 gramme of copper sulphate is necessary to precipitate 1 gramme of uric acid. The above solution is therefore of such a strength that 1 cubic centimeter corresponds to 1 milligramme of uric acid. In order to estimate the uric acid in urine the phosphates are first precipitated by the use of sodium carbonate in excess. After filtration 20 cubic centimeters of the urine are taken, into which the reagent is added drop by drop by means of a burette. A milkiness is at first produced, and then a white flocculent precipitate separates. When it is considered that the limit has been reached a small quantity of the liquid is filtered, to which is added a drop of the reagent. If any opacity is produced the precipitation of the uric acid is not complete. The process is stopped when the filtered liquid is not affected by the reagent. This method of estimation is considered by MM. Arthaud and Butte to be a very accurate one.—*Brit. Med. Jour.*

Starchy Foods in Sickness—Dr. N. Butiagin has found that the strength of saliva is very much weakened in debility and illness. When starches are cooked a long time their digestibility is greately increased. This will serve to compensate for the weakened saliva. Starchy foods must be cooked three or four times as long for an invalid as for a person in health.—*Druggists' Circular.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., Editor. W. C. MARDORF, M.D., Associate Editor.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, MARCH 29, 1890.

Venesection in Chlorosis.

To employ venesection in conditions of chlorosis and anæmia may seem at first rather paradoxical, but for a number of years Dyes, of Hanover, has persistently urged the abstraction of blood in small amounts in the treatment of a number of diseases, but more especially in those above mentioned.

Dr. Wilhelmi[1] was induced to employ this measure in a desperate case of chlorosis, in which practically all the other methods of treatment known to modern science had been given a trial, but in vain; as the patient was obviously rapidly succumbing to the disease, the author seized the opportunity to convince himself of the value of Dyes' procedure. The surprisingly favorable results which he achieved in this first case emboldened him to pursue the same treatment in other, similar cases, and he is now able to present a number of case records where venesection produced not only a more or less rapid transformation of the whole picture of the disease, but also, to all appearances, permanent recoveries.

Wilhelmi followed Dyes' precepts in all respects, with the exception that at first he withdrew but .5 gramme ($7\frac{1}{2}$ M) of blood for each pound of bodyweight, whereas Dyes recommends one gramme, and increased this amount very gradually in order to satisfy himself with certainty of the different effects following the abstraction of varying amounts of blood. The venesection was always performed with the patient in bed, from which the latter was not allowed to get up until the following day. Wilhelmi's results may be summed up as follows:

1. There are a large number of "chlorotics," in whom

[1]Centlb. f. d. ges. Ther.

the administration of iron in the most varied forms proves useless.

2. We have in the withdrawal of small amounts of blood by venesection a rapid and certain means of cure for at least a very considerable proportion of these cases.

3. The favorable effects show themselves rapidly in most cases, but in others, their appearance is more gradual; a repetition of the operation is often necessary.

4. Even in those cases of chlorosis in which iron has not been given, where the chlorosis is of high degree and the amount of hæmoglobin has been much diminished, venesection is to be recommended.

5. Nothing can be affirmed with certainty concerning the frequency of recurrences, inasmuch as no case has as yet been under observation for more than a year. For this period of time, however, the results of bloodletting have been permanent.

6. The action of venesection in cases of hysterical or symptomatic anæmia is apparently either only temporary or without effect at all.

7. Venesection should be attempted only with the patient in bed, and the diaphoresis which follows the operation should be maintained by warm drinks and more bed covering.

7. As a rule, the withdrawal of 80-100 grammes of blood ($2\frac{2}{3}$ to $3\frac{1}{3}$ oz.) will be sufficient.

9. It is probable that it is best to withdraw blood near the time of the monthly flow; where the flow is profuse, two or three days before the menstrual flow; where less free, two days after its cessation. Where menstruation is irregular or has not yet been established, venesection may of course be done at any time.

10. If venesection must be repeated it should be done after an interval of from four to eight weeks.

11. In certain forms of headache, venesection manifests an action somewhat similar to that obtained in chlorosis.

Attempted Suicide by Antipyrin.

A case of attempted suicide with antipyrin is reported by Dr. Franz Spitzer,[1] the relation of which will probably be of some interest. Comparatively few cases of antipyrin-poisoning come to the knowledge of medical readers, in spite of the general free use, but more often misuse of the drug among the laiety without the formality of a physician's prescription. With the exception of a few cases of marked idiosyncrasy, the medical literature of the past few years does not contain any reports of cases of outspoken antipyrin poisoning. This is the more surprising, because the fashionable drugs, such as antipyrin, which are used in defiance of all commonsense in all imaginable ailments, be it with or without the authority of a physician, and often without the least regard for dosage, often cause severe intoxication symptoms as a result of their senseless use, and thus call forth violent and in a certain sense beneficial reactions against the use of such drugs as panaceas.

The history of the case is as follows: A man, æt. 24 years, occupation hotel clerk, of sedentary habits and inclined to obesity; his general condition seemed good, with the exception of an obstinate constipation, and with this, severe headache. On the evening of January 14, of this year, the headache became so intense that the patient, who was not a very intelligent man, determined to relieve himself of it or die. For this he took a gramme (15 grains) of antipyrin about every five minutes in a little tea. In about an hour, after he had taken eight grammes, he experienced severe nausea, and most excruciating pains in the stomach and abdomen; he vomited three basinfulls of a fluid smelling like tea, which were unfortunately thrown away immediately; he shortly afterwards became delirious. The physician who was called, gave him $\frac{1}{2}$ grain of morphine hypodermically, which did not quiet him. When Dr. Spitzer arrived on the scene, about half an hour later, he found the patient still greatly agitated, screaming, gritting his teeth and throwing himself about in bed. His face was much flushed, not cyanotic, eyelids and conjunctiva bulbi swollen; the face and brow felt very hot, the extremities icy cold, and covered with sweat, pulse 108, hard, bounding and rhythmical. Respiration 38 to the minute and of a gasping character; heart's action violent, so that he complained of it, praecordial pain, darting pains in the sides, and abdominal pains; bitter taste in the mouth; skin and tendon reflexes very much increased, motility unimpaired, unceasing restlessness, spasms of the muscles, and fibrillary twitchings of the tongue; the pupils were large, equal, and reacted promptly. An ice-bag was applied to the head, and warmth to the extremities. About half an hour afterwards, the patient passed a litre of clear, bright-yellow urine, which gave a plain antipyrin reaction (reddish-brown color with solution of ferric chloride, which disappeared on the addition of sulphuric acid).

About two hours after the first symptoms of intoxication appeared, there was suddenly a violent chill, lasting five minutes, the pulse becoming small and scarcely perceptible. After continued warm applications and hypodermic injections of camphor and ether, the patient rapidly improved, became calm, and afterwards slept for eight hours, waking up weary and exhausted, but otherwise well. The urine passed at this time gave no antipyrin reaction, and was free from sugar and albumen. There was no eruption on the skin, and in two days the patient had fully recovered.

The Surgery of Floating Kidney.

Dr. J. A. McCosh treats the subject of floating kidney in a very comprehensive and interesting manner in a paper read before the New York Surgical Society.[1]

[1]Centlb. f. d. ges. Ther.

[1]New York Medical Journal.

He believes that its importance is much underestimated, and that it is a condition which is frequently overlooked, the symptoms for which it is responsible being attributed to other causes. He alludes to the importance of having the patient assume different positions when an examination is being made for this abnormity. Disease of the uterus or ovaries may cause symptoms similar to those of floating kidney, and, some abnormity being found in the female generative organs, the examiner's mind is satisfied and he allows the floating kidney to go unrecognized. Dr. McCosh illustrates this error by recalling two cases in his own experience, in one of which the ovaries and tubes had been removed, and in another an anteflexion of the uterus had been remedied by divulsion and a stem pessary, but neither patient was benefited by these operations. After the true condition had been diagnosed, cures were soon effected, in one by bandaging, and in the other by nephrorrhaphy.

He speaks of the distinction between "floating" and "movable kidney," the former, enveloped by peritoneum, wandering about in the abdominal cavity, the latter simply moving around under the parietal peritoneum.

As to the treatment of wandering kidney, he takes the conservative and moderate ground that surgical interference is demanded only in exceptional cases, and is justifiable only when all other curative means, bandages, etc., have first been tried. He believes that nephrectomy should not be attempted until all other means have been tried and have failed, and then only in the most desperate cases. Nephrorrhaphy should be done; if it fail, it should be repeated again and again before resorting to the extreme measure of nephrectomy, which has a death-rate of 25%, while nephrorrhaphy has a mortality of but 2%.

He presents the histories of three cases upon which he operated by nephrorrhaphy after all other treatment had proven futile, and his results are certainly encouraging. "One patient remains completely cured at the end of two months. In another, at the end of six months, the result was in every way satisfactory. In the third patient the first operation was apparently a failure; what the final result of the second operation will be cannot yet be decided, but, at the end of two months, the outlook is favorable."

The bandage which he prefers as giving the greatest comfort consists of a well-fitting abdominal bandage made, in part at least, of some elastic material. At the point where the kidney escapes under the ribs is fastened a pad, in size, shape, and consistency made to suit each individual case. This simple bandage is preferred to the more elaborate forms of apparatus. As a rule, no support is necessary at night.

As to the operation, the incision is made as in other operations on the kidney, either vertical or oblique, between the last rib and the crest of the ilium, external to the erector spinæ and quadratus lumborum muscles. The method of fixing the kidney which is probably the most generally adopted at the present day, is to pass the sutures though a considerable portion of the substance of the kidney, at such a depth that they completely control its movements. Unless tied too tightly, they will not then tear out, which is the objection to the other methods of suturing, that is, through the capsule. It need not be feared that the presence of threads in the secreting substance of the kidney may result in permanent damage to its structure, for experiments, as well as experience, have shown that this is not the case. In a few cases albuminuria has appeared after the operation, but has never persisted. The cases operated on by this method number twenty-nine, distributed as follows; twenty cures, five improvements, and four failures. A comparatively recent method is that of stripping off a certain portion of the capsule proper, then passing the sutures through the parenchyma of the kidney and thus bringing the raw surface so made against the cut tissues in the loin, so as to secure firmer fixation after cicatrization. Sufficient time has not elapsed to allow of any decision as to its true value. Regarding the treatment of the wound, equally good results are obtained when it is closed by sutures as when it is left open to heal by granulation. It is doubtful whether absorbable or permanent fixation sutures are the best. If it can be shown that it is a harmless procedure to leave several threads of an unabsorbable material within the kidney, then the choice of suture will be in direct proportion to its durability. At present the choice seems to be between silk and some strong animal ligature, as kangaroo tendon. The kidney sutures may be attached to the edges of the divided fascia and muscles, which may or may not be united, or they may be brought out through the entire thickness of each lip of the wound and be tied externally after the various layers of the incision have been united. In either case they can be taken out after the kidney is considered firmly fastened, but it is generally believed to be better not to remove them.

It appears to be rather unnecessary to fasten the upper end of the kidney at a higher point than can be obtained by suture to the ordinary incision, which can be done by resecting the 1 or 2 lowest ribs, and uniting to the periosteum. In a few cases the sutures have been attached to the periosteum without removing the bone. In most cases the fatty capsule is anchored to the edges of the wound; if the capsule be adherent to the kidney, a firm anchorage may be thus obtained, but if the kidney moves freely in the adipose capsule, this step cannot be of much service.

To his article is appended a table of the reported cases of nephrorrhaphy by all methods, numbering one hundred and seventeen.

The Medical Society of the Missouri Valley.

On September 27, 1888, at Council Bluffs, Iowa, the constitution and by-laws of this association were adopt-

ed, and the infant association was started on its career which in the short period of its existence, promises to be an eventful and an extended one. In St. Joseph, Mo., on March 20 and 21, last, was held the spring session of its tri-yearly meetings. Representatives from the Missouri Valley states were present in goodly numbers and showed their appreciation of the society by contributing most excellent papers. Most of these will appear in the REVIEW shortly.

The St. Joseph physicians manifested their hospitality in a most cordial manner, the Faculty of the Ensworth Medical College being especially zealous in their attentions to visitors.

The banquet provided by the members of this Faculty for Thursday evening was heartily enjoyed by every one present.

The next meeting of the Association will be held in September at Council Bluffs, Iowa.

MEDICAL ITEMS.

A MEDICAL DELEGATE.—Dr. Montague, of Haldimand County, Ontario, has just been elected a member of the Ontario Parliament.

A SMALL CHILD.—Mason City, W. Va., is proud in the possession of a new-born infant which weighed at its birth one pound.

FLORIDA EXAMINING BOARDS.—The Examining Boards of Florida are dong good work. That of the Seventh District rejected 35 per cent at its last examination, applicants being required to attain an average of 80 to be successful.

ILLINOIS STATE MEDICAL ASSOCIATION.—The annual meeting for 1890, will be held in Chicago the first Tuesday in May, instead of the third Tuesday, because it would conflict with the Am. Med. Ass'n. meeting at Nashville on May 20.

A SCARCITY OF DOCTORS.—There is said to be a great dearth of medical practitioners in Hayti, many even of the larger towns in that uneasy island being without a doctor of any sort. Life in Hayti is not pleasant enough to tempt many to take up their residence there.

VAGINAL EXAMINATION.—According to Schultze, it is far better to use two fingers for vaginal examination, not only because the middle finger is longer than the index, but still more because with two sensitive surfaces, the relative position of which can be varied, we can find infinitely more than with one.

ELASTIC MUCILAGE.—Dissolve 1 part of salicylic acid in 20 parts of alcohol, add 3 parts of soft soap and 3 parts of glycerine. Shake thoroughly and add the mixture to a mucilage prepared from 93 parts of gum arabic and the requisite amount of water (about 180 parts). The mucilage keeps well, and when it dries remains elastic without tendency to cracking.

HOPE FOR THE DEAF-AND-DUMB.—It is said that a deaf mute of Memphis, Tenn., has invented an electric telephone, by which he is enabled to receive impressions that the voice of the speaker makes on the phone, and to interpret them in their proper meaning. By practicing on himself, he has learned to talk intelligibly, also.

A PNEUMATOSCOPE.—The cable brings news of the invention of a wonderful instrument in Berlin, by means of which an exact differential diagnosis of diseases of the lungs will be possible. The inventor is Dr. Janiczewski. The description of the instrument is too indefinite to permit of an understanding of its *modus operandi.*

A SENSIBLE PROVISION.—The physicians of Vienna having complained that patients make use of old prescriptions to obtain medicines, the Minister of the Interior has ordered that the physician who does not desire his prescription to be repeated may write upon it the words "*ne repetatur*," in which case the druggist will have no right to re-fill it.

THE MODERN AMERICAN PHYSIQUE.—Dr. J.B. Hamilton, of the Marine Hospital Service, recently delivered an address before the Georgetown Medical College upon the physical culture of ancient and modern times, in the course of which he is said to have made a generalization to the effect that not one-third part of our American population of the military age could pass the physical examination of the recruit.

THE DOCTOR AS A DRAMATIST.—A dramatic poem called "The Miser," written by Dr. S. Weir Mitchell, was recently successfully produced in Philadelphia. Dr. Mitchell has proved that a man may possess fine poetic and literary talent, and at the same time have a logical and scientific mind. We congratulate him upon his latest success; but hope sometime he may turn his talents to more cheerful themes than avarice, Satan and death.—*Med. Rec.*

A PARASITIC FŒTUS.—One of those singular malformations described as "parasitic fœtus" has been attracting some attention at Demerara. A coolie was admitted into the Colonial Hospital suffering from a tumor in the right loin. The man died, and at the post-mortem examination the "tumor" proved to be possessed of a cranium, with hair attached, an imperfect nose and mouth, no hands or feet, but the rudiments of male genitals. The subject of this "autosite" was thirty two years of age.

THE STATE ASSOCIATION MEETING.—The thirty third

annual meeting of the State Medical Association will be held at Excelsior Springs, Clay Co.,Mo., May 6, 7 and 8. The committee of arrangements expects to obtain reduced railroad rates from all points in Missouri and eastern Kansas. Everything points to a repetition of the success that has characterized the meetings of this association of late years. As it is intended to get out the programme as soon as possible members are requested to send in the titles of their papers immediately—not later than April 20, at the latest.

Dr. J. W. Jackson, whose serious illness we mentioned recently, died from embolic pneumonia and blood poisoning, on March 13. The funeral services were attended by a large number of railroad surgeons of the surrounding country. Dr.Jackson will be missed in more capacities than that of chief surgeon to the Wabash Railroad. He was an active member of a number of medical societies, and devoted much of his time to the University Medical College of Kansas City, of which he was Dean, as well as Professor of Surgery.

The Price of Quinine.—Contrary to the expectations of many, the enormous consumption of quinine resulting from the pandemic influenza, has not greatly enhanced the price of the drug. A late London trade circular shows that in Mincing Lane the increase has not been more than a halfpenny per ounce. The offerings of cinchona in the market at each fortnightly auction have been so full and regular that the price of the manufactured article could not be materially advanced. —*Med. News.*

Tight Lacing in Monkeys.—In order to test the injurious effects of tight lacing on the respiration, Dr. Lauder Brunton, while in India, made a number of experiments on female monkeys, for the simple reason, as Dr. Brunton ingenuously explains,that they are more like women than dogs are. A monkey was enveloped in a plaster of Paris jacket to imitate stays, and a tight bandage was then tied round the abdomen, so as to imitate the band which would sustain the petticoats. They were then given chloroform. The result of the experiments is reported to have been "very marked indeed," so much so that several of the monkeys died very quickly. Dr. Brunton added that the survival of some of the animals experimented upon was probably due to the fact that the diaphragm is able to compensate to a large extent for the enforced loss of chest movement.

Raising the Standard of the Medical Profession. —Dr. Marcell Hartwig, of Buffalo, N. Y., sends a plan for raising the standard of the profession in this country, which is, he thinks, more practical, as well as more consistent with the liberty of the citizen, than any others which have yet been proposed. The State should establish a new class of medical practitioners, called "State physicians," or any other name that might be chosen, whose right to the title should rest upon the fact that they had passed an examination before a board appointed by the governor. From this class should be appointed all the public medical officers, and only these should be allowed to appear in courts as expert witnesses. Other practitioners might exist as now, and the people should have the right to select them, if they choose, in preference to the State physicians. But it would not be long before the State physicians would be recognized as possessing better qualifications than the others, and the people would gradually become used to the distinction, and employ by preference those whom they knew to be better prepared to treat disease.

Medical Lake in Washington.—At an hour's journey from Spokane Falls is Medical Lake, in the city of Middlebaugh. Within a very short time a considerable settlement has been established on the borders of this lake. The town has wide streets, excellent shops, and many neat dwellings. The alleged curative properties of the waters of the lake have been the incentive of this remarkable growth. The lake covers an extent of over a thousand acres and is encircled by low wooded hills. The waters are said to hold in solution salts of sodium, potassium, lithium, calcium, magnesium, iron, and aluminium, also sulphur and borax. A great variety of ailments have been reported cured by bathing in the lake, chief among them being rheumatism and certain diseases of the skin. One of the properties of the water is that it forms a lather whenever it is agitated violently or rubbed quickly on the hands or the surface of the body. No fish or other living thing can be found within these waters, and the lake itself is rather repulsive and muddy in appearance. Factories have been established for evaporating the water and packing the salts obtained. It is the intention to make Medical Lake attractive, in the summer season especially, as a health resort for the citizens of Spokane Falls.—*N. Y. Med. Jour.*

BOOK REVIEWS.

The International Medical Annual and Practitioner's Index for 1890. Edited by P. W. Williams, M.D., Secretary of Staff, assisted by a corps of thirty-six collaborators—European and American—specialists in their several departments. Octavo, 600 pages. Illustrated. $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eighth yearly issue of this handy reference one-volume manual is at end. In its Alphabetical Index of New Remedies and its Dictionary of New Treatment it richly deserves and perpetuates the well-earned reputation of its predecessors. In this volume its corps of department editors has been largely increased, and important papers upon Thermo-Therapeutics, Electro-Therapeutics, Sanitary Science in city and country, and the Medical Examiner in Life Insurance are features of special interest. It is truly a helpful volume, a *resume*

of the year's progress in medicine, keeping the busy practitioner abreast of the times with reference to the medical literature of the world. While there is a generous increase in size and material, the price remains the same, $2.75.

We unhesitatingly give this valuable production our hearty approval and commendation.

SOCIETY PROCEEDINGS.

PHILADELPHIA OBSTETRICAL SOCIETY.

Dr. Wm. L. Taylor.—Pelvic Hæmatocele. The specimen which I beg to present to the Society this evening is a uterus removed post-mortem by my friends, Drs. W. A. Carey and Arthur W. Watson. It presented, upon removal, the following points of interest: The cervix gave evidence of old extensive laceration; the canal was occluded for about two thirds of its extent; the cavity was enlarged and contained about two drachms of very offensive, degenerated blood; the muscular wall was decidedly thickened; the left tube was obliterated, except a small ragged uterine portion; the right tube was ruptured near its uterine end and was very patulous; there was evidence of recent extensive peri-uterine inflammation. In addition to the condition of the uterus and appendages, the post mortem examination revealed a mass of laminated blood, pus, and lymph, filling the right and post-uterine spaces. To the left side there was a more or less rounded mass with blood-clot as a nucleus and a covering of layers of lymph.

On June 23, in consultation with Dr. E. W. Holmes, I saw this patient and found her suffering from general peritonitis. Her abdomen was much distended, but in the left ovarian region, extending downward, apparently filling nearly the whole left side of the pelvis, was a mass, semiplastic in character. The extreme suffering and weakness of the patient would not permit a thorough abdominal or vaginal examination to be made. Diagnosis: pelvic hæmatocele. Laparotomy advised and refused until almost too late to be justifiable. Dr. Holmes kindly presents me with the best history obtainable:

Mrs. H., æt 32 years, married in fall of 1872. First and only child born December, 1873. Post-partum hæmorrhage and septicæmia followed this labor, and patient was in bed for several weeks. During this time there was free bleeding. After this had a slight irregular show for several months. When baby was 2 years old Mrs. H. was operated upon for, presumably, a laceration of the cervix. She menstruated twice after the operation, but after these periods she had no menstrual flow, but suffered from violent dragging pelvic pain and pressure, and aching in back. These pains were excessive and lasted for fully two-thirds of the month.

On April 14, 1889, Dr. Holmes saw Mrs. H. and found her suffering greatly from the above symptoms associated with abdominal tenderness. Vaginal examination found a patulous external os and eversion of the cervix; the cervical canal was closed and the body of the uterus enlarged. To the right of the uterus was a mass, small in size, low down, and not movable. No evidence of extensive peri-uterine effusion.

On May 27 the patient was etherized, and the cervical canal was opened with a tenotome and then thoroughly dilated. But slight discharge followed the operation, but ten days after the patient menstruated slightly with little or no pain for two days. The operation gave undoubted relief. Shortly after the 8th of June symptoms of general peritonitis developed, with most marked tenderness, pain, and enlargement in the left ovarian region, much greater than on the right. From June 24 to the date of death, June 29, she was under the care of Dr. Watson, who reported improvement for first three days. Suddenly, however, she went into a condition of collapse and died.

This case illustrates a peculiar and possible cause of pelvic hæmatocele. It is interesting to note the length of time during which there was, through the atresia of the cervical canal, suppression of the menstrual flow with only a general pelvic discomfort; and then, after surgical interference, the sudden appearence of a pelvic tumor with peritonitis and death. The pathological history here is, of course, the same as in atresia of the vagina—distention of the uterine body and Fallopian tubes, over-distention and rupture of the tubes, and leakage into the pelvic cavity.

It is a generally accepted fact that, as in this case, there must be rupture of the tubes before there can be a discharge of the menstrual blood into the pelvic cavity. There must, however, be an exception to this in those cases in which the tubes become, through catarrhal changes, dilated, and the ciliary action destroyed. Then the possibility of gradual oozing of menstrual fluid through the tubes and becoming a source of low-grade intra-peritoneal inflammation and trouble is more than likely. Fixation, pelvic abscess, sterility, may be the results without a history of an active peritonitis. Pelvic hæmatocele of greater or lesser size from rupture of one of the veins of the uterine or ovarian plexus can hardly be of as rare occurrence as we are led to believe.

It seems incredible that a portion of the body so rich in blood-supply, so subject to various physiological and pathological phenomena, should escape the varicose and phlebitic changes which we find in other less vulnerable parts. In a number of instances patients have come to me complaining of pelvic soreness or pain, dating invariably from some extra efforts whilst menstruating. A diffused pelvic fullness, or decided thickening of one or other of the broad ligaments, is found upon examination. Fortunately the true condition is not often revealed by laparotomy or post-mortem examination. Generally but little more than rest, with small doses of iodide and bromide, are needed, to, in a short time, relieve all symptoms and local evidence of trouble. I

cannot but think that these are cases of intra- or extra-peritoneal hæmorrhage, small in quantity and readily absorbed. If this be so, why not large hæmorrhages and with more important results?

Dr. J. Price.—This case fortifies my views in regard to tinkering with the cervix and intra-uterine treatment of any character. We discussed this subject at a late meeting. In this connection I would refer to eight cases seen in private practice since the last meeting, in which cervical surgery, and also traumatic surgery, such as dilatation, had been practiced once or many times. Four of these cases have had sections, and three of them will have sections in the course of the next two weeks. In three, the specimens were larger than the uterus. I have them here for presentation. None of these cases have ever conceived. The history of gonorrhœa in these cases is quite doubtful.

It is my impression that Dr. Taylor cannot positively state that his case was not one of extra-uterine pregnancy. I will refer to a case operated on by Dr. Walker at the almshouse. After leaving the institution she became pregnant. When in active labor she sent for me. This was her fourth labor. There was no show, and she thought this strange, as it had been an early sign in the three previous labors. I could not find the semblance of an os. I made a careful examination with the speculum with the same result. I called in another physician—a man of good judgement—and he failed to find the os. There was nothing but a supra-vaginal diaphragm. I made a crucial incision in this, and in thirty minutes the woman was delivered of a fine child. The only explanation is that some granulations remained and occlusion followed conception. Dr. Taylor's case may have been an old unrecognized extra-uterine pregnancy, and possibly you have the same solution for what followed, as in my case. No one has recorded a ruptured hæmatoslopinx.

Dr. Taylor.—I know nothing of the history of the case. The specimen showed the cervix occluded from the internal os. There was no cervical canal.

SELECTIONS.

MORNING SICKNESS.

BY WILLIAM S. STEWART, M.D.

Professor of Obstetrics and Clinical Gynæcology.

Among the many disorders consequent to the pregnant state, we find a very common and annoying one, called morning sickness. There will be times when you have exhausted every remedy that is available, that you will be put to your wits' ends to know what to do, for very frequently this trouble becomes so obstinate that nothing short of abortion will give relief. It is rare to have a fatal case of morning sickness, unless the patient is unable to receive nourishment in the various ways that I shall describe to you in this lecture. The symptoms and the probable etiology of this affection have already been considered, and it is to the treatment that I wish more particularly to call your attention this morning. Your first duty will be to make a careful inquiry as to the diet and general state of the bowels. You will frequently find here the cause of much trouble and that having the meals at proper intervals, and the bowels regulated, nothing else may be required. If the patient cannot retain food in the stomach, begin with liquid food in small quantities. Soups, from which the greese has been skimmed, should be employed; and in addition, well-cooked farinaceous foods. There is one kind of soup that is better than all others, and acts as a medicine in some cases, that is, clam-juice soup. This will also answer in typhoid fever. After all things have failed you will find that there is an unsatisfied desire for certain things you would naturally forbid. Experiment until you find the most suitable diet. I have heard of obstinate cases that were cured simply by the patient eating popped corn, or an apple. This, of course, was merely a mental action, and not medicinal, in the sense in which we use the term. It has been found that by awakening the patient in the night and giving her a cup of hot coffee and a soft boiled egg, then keeping her quiet, the nourishment may be retained. Raw beef, scraped and made into a sandwich, is often palatable and may be retained. After all has failed by the mouth do not let your patient die for want of nourishment, but commence alimentation by the rectum. Use injections of beef peptonoids, milk and concentrated foods at regular intervals. I know of a doctor C., of Atlanta, whose patient vomited all food taken into the stomach, but she lived the whole nine months by rectal alimentation, and made a perfect recovery. I had a case of cancer of the bowels, in which the patient was sustained many months by alimentation per rectum, until the disease overcame her. The only danger to be apprehended in this mode of alimentation is that diarrhœa may set in; then she is beyond hope of nourishment by the bowel.

What, then, are the remedies you should use? They are numerous. Among the reflex sedatives and anodynes, nothing is better than the bromides. Sodium bromide is the best, and, being alkaline, generally acceptable. Chloral is sometimes used to quiet and relieve, but I do not think it should be used unless absolutely necessary, and then late in pregnancy. Opium and morphine should be avoided on account of locking up the secretions. Great benefit is derived from soda bicarbonate and bismuth before meals, and following the meal, give aromatic sulphuric acid with syrup of ginger or lemon. Aromatic bitter tonics, or diluted hydrocyanic acid, will often give relief. You may use potassium carb., gr. v, with tr. gentian comp. and syrup of ginger, to make it palatable. One of the most satisfactory and efficient prescriptions in my hands is:

℞	Bismuthi subnitratis, - .	gr. x.
	Acidi carbolici, - - - -	gr. ss.
	Pepsini, - - - - -	gr. v.
	Syrupi,	
	Aquæ menthæ piperitæ	

Misce, fiat mistura et signe: Take before meals. Shake well before using.

Oxalate of cerium, gr. ij–v, in pill form, before meals, is one of the most reliable remedies. Salicinum in gr. v–x doses is said to very good, but I have had no experience with it. Potassium iodide answers in specific cases. Wine of ipecac given in gtt. j doses every hour has a peculiar action on the secretions, and allays the irritability in many cases. Creosote in gtt. ij doses has been replaced by carbolic acid given in lime water. Phosphate of lime, gr. xv–xx, tinct. iodii comp.; Fowler's solution; nux vomica, and last of all, cocaine hydrochloras, gtt. x of a 3% solution, have been used. After you have used the various remedies, and have gained nothing, look after the position of the uterus, and, if displaced, replace it if possible, and thus afford relief. Sometimes a peculiar position of the fœtus in the uterus will give rise to the trouble. Certain conditions of the cervix, such as fissures, granulations, erosions and inflammations of the os uteri and cervix must be treated locally in order to give relief. As an example of a reflex trouble, there is a case of a woman who was seized with convulsions after child-birth, on account of a few shreds of fibres protruding from the cervix, the removal of which gave relief. Use local applications of nitrate of silver, carbolic acid, tincture of iodine or nitric acid, according to the demands of the case; but do not make the applications strong enough to produce pain. Another cause of the nausea may be contraction of the cervix. This can be overcome by slight expansion of the external os or cervix by the finger or dilator, exercising the greatest care. This is a point worthy of your notice. When every remedy at your command has been exhausted, request a consultation with a physician whose judgment will be a credit to you, whose experience, judgment and wisdom are known to you and the profession, and if the induction of abortion be necessary to save the life of your patient, you have him to share with you the responsibility of the case.—*Times and Register.*

Alcohol.—In the *Medical Bulletin* for March, Dr. T. L. Wright, of Bellefontaine, Ohio, discusses the effects of alcohol upon the mental powers and upon human conduct. There is a wide-spread impression among occasional inebriates that the use of alcohol will add to the power, the scope, the brilliancy of intellectual operations. This is an error. The poison permeates the entire organism, and everywhere exercises a benumbing effect, and depresses the mind and enfeebles the nervous sensibilities. The brain under the influence of liquor does not properly judge of time; the mind becomes sluggish, new ideas arise with difficulty, and the individual becomes pertinacious and dogged, under the possession of a fixed idea that he retains because he has not the mental vigor required to change it. The wonderful egotism of the drunken state exposes the inebriate to contempt and ridicule. In proportion as the orator depends upon alcohol for his inspiration, does he tend to use strings of verbiage, substituting stereotyped expressions, without much connection, for words of truth and soberness. Nothing is more deceptive than alcohol in the *role* of oratory. Under its influence, hallucinations and illusions may possess the mind, one of the most common being the idea that somehow the person has become physically invulnerable. Tragedies in abundance owe their origin to the presumptuous arrogance of drunkenness, and when the time comes for sobering up, mortification and abasement are at hand.

A typical drunkard's home is an argument and an object-lesson for temperance that usually is not lost upon the younger generation, who can compare it with those of the persons of decency and morality around them. But when, in a whole community or region of country, the people in general—the wealthy, the intelligent, the influential—are almost continually under the influence of alcohol, this opportunity for contrast is absent. In such communities the exaggerations of the alcoholic disposition are in daily operation. The unduly-sensitive inebriate "honor" is ever on the alert to detect "insults." There is a disordered, nervous state, which insensibly affects the beholder whether he drinks or not. It really seems possible that an inhabitant of an inebriate community might transmit a neurotic constitution to his posterity, weighted with all the evil potentialities of that constitution, even though he had never himself tasted alcohol. In regard to consciousness, it is directly impaired by this agent. Alcohol in small quantities will render consciousness dim, feeble, and unreliable. In larger portions it will disorganize the elements of consciousness or will totally wreck and destroy them. Under the influence of alcohol perceptions are always less keen, and judgment is perverted.

The Treatment of Anal Eczema.—It is a well-known fact that eczema about the anus and genitals of both sexes frequently resist all the well-known remedies that speedily cure the same affections on other portions of the skin. According to Unna (*Monatshefte f. praktische Dermatologie*), this obstinancy to treatment is attributable in part to the proximity of the disease to a mucous surface and its irritating discharges; in part to its rich supply of nerves, rendering itching so pronounced a symptom that scratching and its effects make most of the remedial applications useless; finally, because of the difficulty in applying remedies to this region.

The majority of such cases may be cured by the application of well-adapted bandages to which lotions or ointments have been applied, by cauterization with carbolic acid or corrosive sublimate, the use of cocaine, or especially with fomentations of very hot water.

When, in spite of all these remedies, the eczema becomes aggravated, the skin assuming, through the growth of connective tissue, the epithelial proliferation, a cicatricial and watery and appearance, the itching becomes unendurable, and the patient, from loss of sleep,

physically and morally weakened, one should not hesitate to resort to local or general anæsthesia, and with a broad Paquelin cautery slowly burn the affected parts, so that, were the proper remedies not applied immediately, a burn of the second degree would result.

Before the anæsthesia is over, apply either a 5% solution of borax with or without the addition of cocaine, Carron oil to which 2% of carbolic acid is added, or a 2% resorcin solution. The following formula is especially useful:

℞ Linseed oil,
Lime water,
Oxide of zinc,
Chalk, - - - - aa 5 parts.
Iodoform - - - 1 to 5 parts.

By means of the before-described treatment one can frequently, in fourteen days, cure an eczema of months' or years' duration.—*Jour. of Cutaneous and Genito-Urinary Diseases.*

Quick Preparation of Surgical Gauzes.—H. Helbing suggests in the *Pharmaceutical Journal* the following mode of preparing surgical gauzes at short notice:

Good raw material is of the first importance in preparing gauzes. This should be perfectly free from fat, should have at least thirty threads each way in a square inch, and should weigh ten drachms to the square yard. This is about the average for good stuff, though if we examine the various gauzes on the market we shall find that only the very best houses furnish a material of this standard. He has examined a number of samples and gives a few of the figures:

Samples.	Weight of square yards.	Number of threads per square inch.
1	12 drachms.	44x44
2	10 "	31x31
3	7 "	15x15
4	6 "	17x17
5	5½ "	26x26
6	5 "	27x17

Gauze sold by measure is sold on an entirely wrong principle, as, unless the buyer knows the weight and the number of threads, he cannot tell what he gets for his money. If the samples given were all made into 10% iodoform gauze, Nos. 1 and 2 would contain nearly double the amount of iodoform in each square yard of the others, and if when finished they were charged at double the rate of the others it would only be a fair price. This shows how important it is when procuring such articles to ascertain the weight of the gauze and the number of threads. Of course the gauze should be tested to see that it contains the percentage of antiseptic claimed.

Gauzes are usually kept ready by the instrument makers, but it may sometimes happen that a medical man may want a gauze for a case of emergency. In such urgent cases it is an advantage to be able to prepare the gauze one's self, and this can be done in a few minutes by following these directions:

Take the necessary quantity of raw material, and weigh out a corresponding amount of the antiseptic. Saturate the material with ether or a mixture of alcohol and ether, in which the antiseptic has been dissolved, one ounce of the material requiring about three ounces of liquid; wring out the gauze several times and again saturate it, so as to insure uniform impregnation, and dry by simply unfolding it and shaking a few times. It is then ready for use.

In this manner all the different gauzes may be prepared—carbolic, corrosive sublimate, iodoform, thymol, eucalyptol, or any other.—*American Druggist.—Med. and Surg. Reporter.*

National Legislation Requested Regarding Leprosy.—At a regular meeting of the State Board of Health of the State of California, held at Sacramento, Cal., January 11, 1890, it was

Resolved, That the California State Board of Health recommend that the Congress of the United States do enact a statute—1st. That no person affected with leprosy should be permitted to enter the United States. 2nd. That every person immigrating to the United States from any place where leprosy prevails shall procure a certificate from a competent physician, properly attested by some United States consul or health officer, certifying that he or she is not affected with leprosy, is not a descendant from a leprous family, and has no relations in the co-lateral line who are lepers. 3d. That every immigrant coming to the United States who has sojourned or resided where leprosy prevails shall be reported to the board of health of the State of his destination, so that he may, during his residence in the United States, be inspected not less than twice each year by some competent physician or person appointed by the health authorities of the place wherein he resides for a period of ten years. 4th. That the penalty for the violation of the first two sections of this statute shall be the immediate return of such person to the place from whence he or she came.

Resolved, That the California Representatives in Congress be, and they are hereby, earnestly requested to vote for the enactment of such a statute, and that the secretary of this board be instructed to furnish said Congressmen a copy of these resolutions, duly signed by the president and attested by the secretary.

Disinfection of Infectious Stools.—Professor Uffelmann has published the results of a series of observations which he made with the view of determining the best mode of attaining this object. He finds that the most active of all are the mineral acids—sulphuric and hydrochloric—then corrosive sublimate, carbolic acid, etc. He points out what is often overlooked, that the duration of the influence of the disinfectant upon the

motions is of the utmost importance; and that even with the most powerful of these substances it is impossible to destroy infectious matter within a few minutes. He recommends for the thorough disinfection of fluid or semi-fluid stools the following methods: Sulphuric or hydrochloric acids, diluted with double the quantity of water, should be mixed with equal parts of the fæcal matter, and allowed to stand, in the case of the former acid two hours, with the latter twelve hours. In using carbolic acid, a 5% solution ought to be taken, added to the stools in equal parts, and left for twenty-four hours. Sublimate should be employed as 2 parts in 1,000 with half a part of hydrochloric acid. An equal quantity of this is added to the motions and set aside for at least half an hour, but preferably for twenty-four. Quicklime ought to be added to the stools in the proportion of 2½%, and allowed to remain twenty-four hours; while in the case of lime water a similar time should be given, and the disinfectant employed in the ratio of 2½ parts to one of fæces.—*Berlin. klin. Wochensch.—Practitioner.*

The Cure of Facial Neuralgia, Odontalgia and Allied Neuroses.—Dr. Geo. Leslie, in a paper read before the Medico Chirurgical Society, of Edinburgh, announces that he has been able to cure many cases of the above-named very troublesome disorders by a very simple procedure. This procedure consists in the application of powdered chloride of sodium—common salt—to the nasal mucous membrane. The salt may be used by the patient as snuff, a pinch of it being taken into the nostrils on the affected side, and in many cases this has been found effectual in preventing the recurrence of the trouble. The best results were obtained when the salt was administered through an insufflator. A small insufflator was used for this purpose, the chamber holding but four grains. As the powder was blown in, the patient was asked to draw air up the nostrils. The application produces but little pain or discomfort. Although a single application usually suffices for the immediate inhibition of the neuralgia, especially when it is recent and localized in one branch of the fifth nerve, in other cases where the disease has been of long standing and of extensive distribution, he had found that insufflation repeated every half-minute for about five minutes was required. In conclusion the author reports a series of cases cured by this novel treatment. Among these were cases of odontalgia, cephalalgia frontal and vertical, facial neuralgias of various types, and bronchial asthma.—*Ed. Med. Jour.*

A Blow at Vegetarianism.—Persons who take extreme views of subjects certainly have their uses. They present their side of the question with firmness of belief, often with a concise vigor, which compel attention to their ideas. This is good; and like rocks in the bed of a stream, they serve to divert the current of thought, and prevent its running with too much uniformity. But they are rarely, if ever, right. Nature draws no hard lines of disseverance, but separates her kingdoms, provinces and minor districts by imperceptible gradations, instead of by Chinese walls. So that the proposition of an inflexible rule is sure to be followed by the uprising of objections, which are as likely as not to overturn the rule. These considerations as well as the absence of any conclusive proof of their theories would lead us to doubt the energetic asseverations of those who advocate an exclusive diet of any sort. That any of them should prove open to conviction is, however, so rare an occurrence that it deserves to be recorded, if only to show the correctness of the views just stated.

Dr. Alanus, a leading German vegetarian, made the disquieting discovery that his arteries were becoming atheromatous, although he was under forty and did not use alcohol. He could not have been very well posted in vegetarian literature, or he would have known that similar observations had been previously made, and that the frequency of atheroma among the Hindoos was attributed to their vegetable diet. Dr. Alanus has, consequently, become omnivorous in his habits, and, while still valuing the vegetarian regimen as a curative measure in certain morbid conditions, he no longer looks upon vegetables as the only proper food for man. "*Medio tutissimus ibis*"—*Times and Register.*

Dietetics of Infantile Diarrhœa.—Dr. A. Caille said that most all cases of infantile diarrhœa were due either to improper feeding or improper food.

As an illustration of the former he cited overfeeding at the breast; as an illustration of the latter, spoiled food in bottles and unhealthy breast-milk.

In severe diarrhœa in city practice milk should be at once interdicted and mucilaginous and farinaceous drinks given. As soon as the patient is better we should teach the guardians of a bottle-fed child how to prepare a good bottle food.

As cows' milk is the basis of infants' food we need not rely upon any kind of patent food. We select good milk, dilute the same with one or two parts of water or barley-water, and add sugar, salt and lime-water. The addition of cream is unnecessary if the cows' milk is sufficiently rich.

Such a food if sterilized or steamed in small bottles, is a good imitation of nature's food, and forms a good tissue-builder for the developing child. Where the digestive apparatus is defective, through long standing disease, we give our patient a predigested milk, easily prepared with the peptogenic milk-powder of the shops. At the present state of our knowledge the formula for infant dietetics is very simple, and there should be no diversity of professional opinion on as important a subject.

We shall never be able to cure all our cases; many feeble children of unhealthy parentage and surroundings

succumb, for nature's grand law—the survival of the fittest—will frequently limit our hopes and success.—*Arch. of Pediatrics.*

Iodine in Vomiting.—M. Darthier records in *L'Union Medicale* his testimony as to the value of the internal administration of tincture of iodine for the relief of vomiting—a method which has been employed for years both in America and England. He has observed its use in 19 cases, 11 of which were tuberculous subjects, and has formed the opinion that it is of more value in the vomiting of early phthisis than in the later stages of that disease. He relates instances of advanced cases with obstinate vomiting, where the symptom was largely controlled by the drug. One case was that of a female with bronchial dilatation (subsequently fatal from acute tuberculosis), who for three weeks had regularly vomited after each meal. Following the commencement of the drug she ceased to vomit; and the symptom was completely cured after a week's treatment. The drug also proved useful in cases of alcoholic gastritis in gastric ulcer, and in the vomiting of pregnancy and of chlorosis. M. Darthier recommends the French tincture of iodine to be administered in tendrop doses, diluted with two wineglassfuls of water, to be taken in three portions immediately after meals.—*Lancet.*

Patent Medicines.—We publish, from the *Indiana Pharmacist*, the following analysis of patent medicines:

Ely's Cream Balm.

The following is said to produce an exact facsimile of this popular nostrum:

Take of

Thymol,	ʒj.
Oil wintergreen,	ʒij.
Oleate hydrastin,	ʒj.
Oleate cocaine,	ʒij.
Bismuth subnit.,	ʒvj.
Petrolatum, yellow,	lbs., xv.

Heat the petrolatum till it is the consistence of cream, then incorporate the other articles by vigorous stirring.

McLean's Strengthening Cordial.

Take of

Gentian root,	
Columbo root,	℥viij.
Orange peel,	℥ij.
Coriander seed,	℥j.
Cardamon seed,	℥ss.
Serpentaria,	℥j.
Whisky,	Ovij.
Glycerin,	Oj.

Grind the drugs to coarse powder, moisten with whisky, pack in the percolator, percolate with the whisky, forcing out the last with water, and in the percolate mix the glycerine.

Harter's Wild Cherry Bitters.

Take of

Wild cherry bark,	℥viij.
Yellow cinchona bark,	℥j.
Orange peel,	℥ij.
Cardamon seed,	℥j.
Asarum canadense,	℥ss.
Alcohol, dilute,	Ovj.
Honey,	
Syrup,	aa Oj.

Percolate the drugs, in moderately fine powder, with the dilute alcohol, and when six pints are obtained add the honey and syrup.

Lyon's Kathairon.

Take of

Castor oil,	Oj.
Alcohol,	Oij.
Oil bergamot,	ʒj.—M.

Hall's Catarrh Cure.

℞	Kali Iodidi,	℥j.
	Tr. cardam.,	ʒiv.
	Aquæ q.s. ad.,	Oj.
	Color ad lib.,	

Mix and filter.

I have examined this preparation, and the above is very near the original.—W. H. Sargent, M.D., in *Med. World.*

Castoria.

The following formula was suggested in the *New Idea* for preparing a preparation similar to castoria, the formula being based on the statements made on the label of the preparation as to its composition:

℞	Fld. ext. of Alex. senna.,	fl. ℥jss.
	Fld. ext. of Levant worm seed,	fl. ʒiij.
	Fld. ext. of anise seed,	fl. ʒiij.
	Fld. ext. of peppermint,	fl. ʒij.
	Oil of wintergreen,	♏ ij.
	Rochelle salt,	ʒvij.
	Sodium bicarbonate,	ʒj.
	White sugar,	℥ij.
	Molasses,	fl. ℥ss.
	Alcohol,	fl. ʒij.
	Water sufficient to make	fl. ℥vjss.

Mix the fluid extracts, the oil and the alcohol, and add to the mixture the remaining ingredients.—*Medical World.*

Cuticura Ointment.

This much advertised ointment consists of a base of petroleum jelly, colored green, perfumed with oil of bergamot, and containing 2% of carbolic acid.—*Kas. Med. Jour.*

ORIGINAL ARTICLES.

ERRORS IN DIAGNOSIS AND THEIR CAUSES, WITH CASES.

BY G. M. B. MAUGHS, M.D , LL D.,

Professor of Obstetrics in Missouri Medical College; Formerly Professor of Obstetrics and Diseases of Women and Children in Humboldt Medical College; Professor of Obstetrics and Gynæcology Missouri Medical College; Consulting Physician and Gynæcological Clinician to City Hospital; Consulting Physician to Woman's Hospital; Ex-President Missouri State Medical Association, of St. Louis Medical Society, of St. Louis Obstetrical and Gynæcological Society; Member American Medical Association, Etc.,

Read before the St. Louis Medical Society, March 29, 1890.

The case so interestingly reported by Dr. Broome at the last meeting of this society was not more ably treated and reported than it was instructive in pointing out the necessity of availing ourselves of all means necessary to determine what is the matter with our patients, if we would cure them,and the great wrong done our profession, ourselves and our patients by neglecting these.

Here was an active young man, accustomed to much horseback exercise, as a stockman, who, after a serious injury from a fall, his horse falling on him, complained of symptoms referable to his bladder, and only to his bladder—treated for months and months by as many as three different physicians, all eminent in their profession, yet he was ignorantly, blindly treated, consequently never cured, none of the three physicians using the means absolutely necessary for an intelligent diagnosis or scientific treatment; indeed without any one of them knowing any more about the cause of his suffering than he knew or told them. He knew there was something wrong with his bladder, and what that something was we are told not one of the three made a rational or scientific effort to find out, and per consequence, did not find out or remove either by accident or design.

It is no excuse to say there was difficulty in passing a sound even when the patient was under chloroform to the surgical degree. Dr. Broome found this difficulty and passed the largest sound readily by availing himself of the local anæsthetic properties of cocaine. Now the local anæsthetic properties of cocaine were just as well known to each of these physicians and surgeons as to Dr. Broome. It is a fact well known to the entire profession, and to many of the laity. By this means he readily discovered and subsequently successfully removed a flattened stone as large as a hen's egg,with the infinite relief and entire cure of his patient. Even without passing the sound, this stone could have been detected by bi-manual palpation, the finger or fingers or the whole hand as far as the thumb of one hand, passed into the rectum, and with the fingers of the other hand above the pubes, the stone must have been detected. Tell me I could not in this way feel a brick-bat in a man's bladder! Admitting the difficulty sometimes met with in finding a small sacculated stone in the bladder, this was no small stone and only the bladder itself did or would sacculate it—sacculated indeed!

But even admitting that all these means had been tried and failed, then a lithotomy incision through the perineum, a finger passed into the bladder through the incision, must have found it, as the bladder is not a large enough cavity to hide a mill stone beyond the possibility of an intelligent, educated finger in the bladder finding it. And then without the presence of a stone a lithotomy operation would have been good practice for the cure of a cystitis that had produced partial necrosis of the mucous membrane.

This case has its parallel in one happening twenty years ago here in St. Louis. The patient, a young man, after months of suffering from disease referable to the bladder, died with disorganization of his kidneys and uræmic poisoning. A post-mortem showed a bladder as as large as a goose egg, its wall indurated, thickened to one-quarter of an inch in thickness, and the cavity packed full of small calculi—gravel. With him there was no retention of urine—there was no receptacle for its retention except in the ureters and kidney. That patient was attended by two physicians who, although the entire suffering was referable to his bladder—only to his bladder—never passed a sound or catheter. Why pass a catheter or sound? There was no retention of urine; this passed off as fast as it could soak through the gravel.

Sincerely hoping for the credit of the profession and benefit of humanity that there are no more such doctors, yet lest there may be a few more left, I feel constrained to recommend a preparation kept by my preceptor, a gentleman of the old school—a country doctor of great experience and truly great worth. His office was what was then known as a "doctor's shop" in which he prepared all his pills, tinctures and mixtures. The washings of the mortars, slabs, spatulas and bottles were poured into a large stone jar under the table. This jar was labeled in large letters Omnium Gatherum, and contained in solution tartar emetic, aloes, calomel, blue mass, Spanish flies, quinine, opium, iodine, arsenic, etc. Observing one day that it was nearly full, I suggested that it be emptied into the street. With a look of incredulity he remarked: "Pour out that jar." "Yes," I replied, "why not?" "Why not? Young man do you know that is the most valuable preparation in the shop?" "Valuable, for what?" I asked. "Invaluable," he replied. "When I do not know what is the matter with a patient I just give him a bottle of omnium gatherum. And don't you see it has a medicine for every condition, and whatever medicine suits the case goes for the disease." "Well," I remarked, "admitting all that, you would have little use for it as you always knew what was the matter." "Now, young man," he remarked, "you have much to learn, in fact I have more use for omnium gatherum than for any other medicine in the

shop." From which I was given to understand that most of his patients had, he did not know what.

Cases.

Some fifteen years since a young woman was sent to me from the interior of the state suffering from paralysis. She was twenty years of age, and had been bedridden since she was seventeen years old; was unable to walk or even to sit up for but a short time.

History.—At near her menstrual period she had greatly fatigued herself by dancing until late at night. Next day was unable to leave her bed; menstruation was scanty; there was dysmenorrhœa never before felt; spinal tenderness, and after a few days attempting to walk she found pain and suffering in the attempt, which increased until she was soon unable to walk or even stand up.

Diagnosis.—Spinal trouble, for which during the next three years she had blisters, setons and moxas applied from the nape of her neck to the os coccygis. As her helpless invalidism was associated with dysmenorrhœa, she was referred to me. Upon examination I found the uterus sharply retroflexed, enlarged, tender. The uterus was gently replaced and supported with small glycerole cotton tampons, and I made application of iodine and warm water, and ordered vaginal injections. As soon as admissible a small neatly fitting Hodge's lever pessary was placed in position. Without other than uterine treatment and without even recognizing that she had a spine, in a few weeks she was enabled to walk to the parlor and play for sometime upon the piano, of which she was very fond, being highly cultivated.

Before doing so, however, she was compelled to send for a dressmaker and have clothes made, for although wealthy and belonging to society she had no clothes, had had no use for other than bed room gowns for three years. She soon returned home quite well.

Now the error in diagnosis here had not been from any inability or carelessness on the part of her physicians, who were able and experienced men, but because dominated by the more striking and distressing symptoms, spinal tenderness and paralysis, which were entirely reflex; they had, though she was a woman and uterine symptoms were well marked, entirely overlooked the fact that a uterus belonged to such. But this was in the days of long ago, when the uterine mania had not disturbed the Arcadian loveliness of rural districts. Now all is changed and doctors often forget that there is most generally a woman attached to the uterus.

Not long after the return home of this patient, the parents of another young woman from the same town came to the city to consult me about their daughter, a lovely young woman, æt. 18 years, who some months before had had a nearly fatal attack of typhoid fever, since which time she had an almost constant discharge of pus from the bowels, the result of intestinal ulceration. She was wasted with hectic fever, which must soon destroy her unless relieved. They were anxious to bring her to the city if I thought it necessary or thought it would relieve her.

History.—By careful inquiry I elicited the following history, without its significance appearing to them: In early June, while preparing for her graduating exercises, she sat on the damp grass in the shade, at the time her menses were expected, writing her composition. She got up feeling chilled; attended a party that night, came home with a blinding headache, and had a hard chill, followed by high fever with pelvic pain. Her menses did not appear. Her case was pronounced typhoid fever, which came very near proving fatal, and from which she had never entirely recovered, having purulent discharge, hectic fever, etc.

After hearing this history I told them unhesitatingly that their daughter had not had typhoid fever, and that the pus was not from intestinal ulceration; that she had inflammation of the ovary with abscess which had broken into the bowel.

Upon seeing the patient, who was brought to the city, I found this diagnosis correct. Fortunately the abscess had broken into the rectum at a point within reach. With the long tube of a uterine syringe I was enabled to wash out the pus-sac with antiseptics and astringents. The patient was quite cured and has been long married, but has never had children. Yet she might do so as only the left ovary was affiected, the right remaining normal and her menses have been normal.

Now in this case the physicians were dominated by the more prominent symptoms, high fever, delirium, abdominal tenderness, together with the fact that there were several cases of typhoid fever in the school.

Their error in diagnosis was the result of not availing themselves of the means necessary to locate the lesion —differentiation, exclusion,—not from ignorance, for they were intelligent, experienced, conscientious physicians; but seizing upon the prominent symptoms, they were satisfied to accept the disease that might account for them.

Ten years ago, at the time of the meeting of our State Medical Association, I received an urgent request from the leading physician of the place to attend, as he wished me to see his wife who was very ill with some kind of kidney trouble. On arriving at the depot I found him waiting for me with his carriage and anxious for me to go at once to see his wife, who was now alarmingly ill. We went first to the convention, where he waited for me until the convention adjourned at noon, when with four or five other physicians and surgeons, among them Drs. Prewitt and Lankford, who had been invited to dinner and to meet in consultation the physicians in attendance upon the case.

History.—The patient, a finely developed, handsome woman in the prime of life, had been complaining for some time when she had suddenly a violent hæmaturia. The bladder was found to be healthy and the blood came from the kidney. The kidney on the right side was found to be enlarged, with manifest enlargement of the right side of the abdomen. The patient's condition

was deemed critical, and as kidney diseases belonged of a right to the surgeon, a distinguished city surgeon was sent for, who after a careful examination, agreed with the physicians in attendance, that it was disease of the kidneys and of a serious nature, as the right kidney was much enlarged, with abdominal tenderness. The patient was placed upon appropriate treatment and the surgeon returned to the city. After some weeks with recurring attacks of hæmaturia, with increase of other symptoms, enlargement of the kidney, increased tenderness, etc., the surgeon was again sent for, who, satisfied with his former diagnosis, gave a more serious prognosis and additional directions suitable to the new phases of the disease. So entirely convinced were all of the renal character of the disease, that the husband, a most intelligent and experienced physician, in giving me the history, symptoms and treatment, never referred to any other organ.

When the abdomen was exposed it was found manifestly enlarged, notably on the right side. The patient had hectic fever, skin hot, pulse frequent, abdomen tender. There were occasional chills. After running my hand over the tumor, palpating, pressing down the fingers, running them around the enlarged margins, I remarked to half a dozen physicians standing around that "Any fool might tell what was the matter with this patient." All looked as though they heard a clap of thunder from a clear sky, and the husband, whose love and devotion for his afflicted wife made him more than an interested spectator, with an intensity born of fear and hope, remarked that that was just what they wished to learn. I said it was an hepatic abscess. "Hepatic abscess," exclaimed several, and the husband asked me if it were an hepatic abscess, how did I account for the want of hepatic symptoms, the bowels being regular, fæces colored, no jaundice, I told him that I did not have to account for what she did not have, only what she did have—hepatic abscess, which was quite enough, and she was at liberty not to have any kidney trouble, and she had none. Only her liver was at fault; I was glad it was alone in the mess as it did best by itself. All now examined the patient, and all standing in the presence of renal symptoms, with absence of hepatic symptoms, none confirmed my diagnosis, except Dr. Lankford, who kindly said he thought it was an hepatic abscess, not because he found anything indicating it, but because I said it was.

Now there never was a clearer or more easily made out diagnosis, one in which the doctor could be more certain. I had first distinctly outlined the great right lobe of the liver; had margined it and felt that under it and below it there was no abnormal enlargement, and then down deep in its substance near the gall bladder, but distinctly separated from it, I felt an indistinct fluctuation—an abscess.

I asked for an aspirator, not for diagnosis but to drain off the pus, stating that my friends, Drs. Prewitt and Lankford, would use it as they were much more familiar with the technique of the operation than I was. While we were at dinner the house was hunted over and a broken aspirator found; it was out of working order, but the needle was introduced deep down at the point where I held my finger. A teaspoonful of pus oozed through the needle. A new instrument was sent for, and while awaiting its arrival a warm flax seed poultice was kept applied to the side. On its reception the surgeon in attendance drew off 15 or 20 ounces of pus. After many months' suffering and after the passage of several gall-stones—for the passage of which the opening was enlarged—the patient entirely recovered and is living and quite well at this time.

Now the entire mistake in diagnosis in this case was the existence of bloody urine—the hæmaturia, which pointed to the kidney; the enlargement existing there had entirely absorbed the attention of the eminent physicians and surgeons, so that nothing else was looked for. Why look for other conditions when a diseased, enlarged, perhaps cancerous kidney was supposed to be present, and certainly of itself sufficient cause to account for the trouble? And yet each of these gentlemen could, and most probably would, have determined the true condition had it not been for the hæmaturia—had not the bloody urine stood as a shadowy specter beckoning them to the kidneys. The means necessary for a correct diagnosis had not been used, and yet it would not be difficult to divine how a congested, enlarged portal circulation might produce hæmaturia, or why with only a small part of the liver diseased, the gall-bladder loaded with gall stones (but its outflow of bile unobstructed), there should be no liver symptoms, such as pale or white alvine discharges, found in it. It is, however, very rare that all such symptoms are entirely absent. In medicine, as in other conditions of life, the unexpected may happen.

Some fifteen years since an old bachelor doctor in a distant city married a rich widow who was approaching that interesting period of life when, if offspring are to be expected, they must be expected soon. Under these circumstances, when the desire is great, these women not unfrequently are tantallized by spurious pregnancy simulating many of the symptoms of pregnancy. Instance the old hysterical maiden, Queen Mary, of England, who married Philip of Spain. The hope of their aggrandizement as well as of their religion depended upon whether Mary left an heir to the throne of England or left this to her protestant sister, good Queen Bess. Her hopes soon produced a phantom pregnancy that tantallized the two nations and hurried the unhappy, mortified, disappointed, diseased Queen to her grave. Our couple, less royal, were perhaps equally anxious for issue and were soon gratified by the almost certain prospect of realizing their hopes. Many of the signs of pregnancy were present—absence of the menses, enlargement of the abdomen, fullness of the breasts, morning sickness, but what the doctor most relied upon was kiestine in the urine. It was daily tested to confirm its presence. The happy period approaching, fœtal movements were strong and daily in-

creasing in strength and turbulence. Rooms were taken, a large quantity of costly baby clothes were prepared, enough for a whole family of babies. A nurse was engaged, and finally, in the fullness of time, labor was ushered in, with too much joy to mind the twisting, griping, turbulent pain, which increased in violence until both husband and wife were in the throes of a strong labor, all of which was borne with heroic fortitude by both parties in view of the great end. Even the cries were suppressed, only an amount sufficient to secure the well being of the child and to warn all concerned of what was going on. Finally the doctor was sent for, a most distinguished accoucheur and physician. The doctor on examination thought there might be some mistake in the time; being assured that this was all right, he called again before going to bed; thinking he might not be wanted before morning, but as a matter of precaution slept with his boots on. The labor proved rather tedious. This, however, could be accounted for by the advanced age of both parties. After dancing attendance for a day or two the accoucheur, becoming a little tired and much disgusted, had them send for me. On making a bi-manual examination I told her plainly that she had to conceive before her labor could be successfully completed, and in fact that she was not pregnant. This was a severe blow, but to terminate the farce I picked up a uterine sound and passed it to the fundus, two and a half inches. Alas, what fools we mortals be!

Here were two sensible clever people making fools of themselves because dominated by their hopes. They accepted proof that would not have deceived anyone else. Trifles light as air are to those who wish or fear, confirmations strong as proofs of holy writ.

Just before leaving for Europe Dr. Bryant, I believe of Belleville, Ill., brought me a patient, an elderly German lady, who had been told she had an ovarian tumor. The doctor, who was a gentleman of much ability and large experience, a general practitioner, but not priding himself on his tact in abdominal tumors, and not wishing to attack an ovarian tumor, brought the patient to me. Upon inspection the abdomen was seen to be much enlarged. The patient had been told that this was an ovarian tumor and would require an operation. She was most naturally not comforted by such possibility, and with such in view, to visit a city doctor who might unscrew her ears and take off her head, merely to see what was in it, was not calculated to allay her fears. Many years previously a lump had been felt in her abdomen or stomach, as she stated, which had gradually enlarged to its present size. This while not favoring cystic tumor of the ovary did not exclude a dermoid cyst or uterine fibroid. Bimanual touch showed the pelvic organs normal in size and position, with no pelvic tumor. Abdominal palpation and percussion showed the tumor to be from above downward, excluding pelvic origin. The lower margin of the tumor, which reached the crest of the ilium, was well defined, the fingers readily lifting it up. The liver was also enlarged. Without knowing anything of her history, I remarked that she had been living for ten or twenty years in a swamp. "Yes," she said, with surprise, that a stranger should tell her where she had lived—she had been living in the Mississippi bottom above Cairo. "Yes," I told her, "and you have had old fashioned shaking agues nearly all the time." She admitted that she had had the ague most of the time until they sold out and moved to the hilly country near Belleville. "Now," I remarked to the doctor, "this is an enlarged spleen—an ague cake," and in a few minutes he was as well satisfied of the fact as I was, and with true nobility of character remarked that he was ashamed of himself, and that I must think him stupid. By no means, I assured him with all honesty and candor, that he had nothing to be ashamed of; that from his standpoint nothing was more natural than his conclusion. We agreed upon her treatment with quinine, iron and strychnine, ergot, muriate of ammonia, with external application of iodine, and assured the happy woman that the doctor would certainly cure her without an operation, which, I have no doubt, with the change of locality, he did. She was greatly rejoiced at the prospect of again getting home undissected.

Now here was an error in diagnosis by an honest, able and experienced physician, made by implicitly accepting the views of others, which were plausible, without taking the means necessary to make the correct diagnosis, and these means too were quite as available to him as to me, and he was quite as competent to use them.

Then look for yourself; take nothing for granted; test all things and hold fast to that which is true.

About 1878 or 1879 Dr. Lankford asked me to see a patient on whom he was going to perform ovariotomy. He did not want my opinion as to the propriety of the operation, but to assist him in determining some minor points, such as which ovary was diseased, whether there were adhesions, the condition of the pedicle, etc.

History.—The patient, æt. 45 years, the mother of seven or eight children, the youngest of whom was æt. 12 or 15 years. The menses had been quite irregular for some time; finally, some twelve months before, they had ceased entirely. She believed that she had passed the critical period—the menopause—was told that such was the case by her family physician, and indeed she had most likely, so far as the epiphenomenon of menstruation—the bloody discharge—was concerned, but the true act of menstruation, ovulation, was only in abeyance, existing *in posse* and liable to exist *in esse* on suitable stimulation or at uncertain intervals.

Some months after the interruption of menstruation, the abdomen commenced to enlarge, which continuing, she consulted her family physician, who told her it was a deposit of fat in the abdominal walls. This is a not infrequent condition following the menopause, it is true, but the enlargement continuing to increase, after several months, she again consulted her physician, who now discovered an ovarian tumor, and had a surgeon

see her with him. The conclusion was that its rapid growth and size required its removal without further delay. The family had lately become quite affluent and had surrounded themselves with all the comforts of life. I found her sitting in a large arm chair. Independently of the tumor, she was a large and fleshy woman, and with this, was quite helpless. With some difficulty we assisted her to bed, where a very casual examination showed her to be in the last months of pregnancy. Upon applying the ear to the abdomen the tic tac of the fœtal heart was quite audible, and had doubtless been so for months. She was not more surprised than delighted when I assured her that nature would remove her tumor within a few days without an operation, that she was pregnant with a living child and within a few days of her confinement. She assured me that she had never felt the least movement of the child, and had not thought pregnancy possible. She was delivered, a few days after this, of a 12 pound child, alive and strong.

Now here was a most inexcusable error in diagnosis, that might have terminated fatally to the woman and disgraced the surgeon and the profession, made through a belief in the impossibility of pregnancy both on the part of the patient and physician, and therefore the inexcusable neglect of all the means readily available to insure a correct and certain diagnosis. A like carelessness has in other cases resulted less happily to all concerned. May such mistakes never again darken the history of ovariotomy!

These cases, which are literally true and susceptible of proof in every instance, might readily be greatly extended from my very limited experience, but one other and we are done; and as this was the most strange and ridiculous of any, and as it happened with no less a personage than one of our faculty, a professor at the time, in the Missouri Medical College, you will bear with me in its relation.

Some ten years ago, one of our faculty, formerly well known to many of you, had an attack of obstinate constipation, with abdominal pains, vomiting, etc.; he had taken a dose of cathartic pills, which failing to operate, had only increased the trouble, deterring him from a further trial of purgatives. Being a single man, he had taken a room at St. John's Hospital, and being a member of a college faculty of ten professors, with two surgeons and a large corps of able assistants, all anxious for experience, he had no difficulty in obtaining ample advice. It was soon determined that he had intestinal obstruction caused by invagination; whether from above downward, or from below upward, the knife would certainly determine, or that the obstruction was from a stricture from false bands, or perhaps from a rugged, twisted knot in the gut. This last suggestion quite fixed the matter with the professor, who, from being at first somewhat averse to being killed, gladly accepted anything that promised to remove the rugged knot in the gut, which could only be done by an operation. The only thing that seemed positively determined was that the intestinal lumen was in trouble, and could be relieved by a process with the euphonous name of laparotomy. See with how rapt a cadence it falls upon the ear—intestinal lumen—laparotomy. The very whispering of the words left an impression soft as the dews on Mount Carmel, and harmonious as the music of the spheres, and gave a rougher sound to the thing to be disposed of—rugged knot in gut! The professor was completely won over, and became quite anxious for the experient. The room was being disinfected, and the next day was set apart as sacred to lumen,whose cause had been so ably championed by the surgeons and assistants. At this stage I was asked to see the brother whose lumen had been rudely invaded by the rugged, twisted knot. Upon inquiry I learned the facts and suggested purgatives. I had been taught that through all the ages, from Hippocrates to Watson, purgatives had been thought indicated in constipation. The surgeons were shocked at the suggestion and declared that the lumen could only be restored by laparotomy, while the professor raspingly, whisperingly gasped, "rugged knot!" and went into convulsions which could only be relieved by one of the assistants whispering in his ear: "lumen, laparotomy!"

With much difficulty I obtained consent to try castor oil in repeated small doses, with injections of warm water and sweet oil. The oil was rendered quite palatable with lemon juice and sugar, and a relay of assistants was placed in charge to give the oil in teaspoonful doses and administer an enema every two or three hours, using gentle massage over the abdomen.

I was given to understand that purgatives in constipation had been given up by advanced thinkers, and the professor gazed on me with a look of pity as much as to say that while he forgave me, he hoped I might yet learn that in opening up and clearing out the intestinal lumen, laparotomy was the first thing to be thought of; if advisable, castor oil might be used afterwards.

The oil was given and injections were administered again and again, until most of the bottle of oil had been swallowed, when the lumen began audibly to announce the coming light, becoming, towards morning, the most luminous lumen in the hospital; overflowing the chamber and spoiling the carpet, while more than one assistant lay around loose having been overcome by the odoriferous manifestations—the illumination that lumen had given; indeed lumen was about all that was left of the professor. The surgeons never fully forgave me for preventing, by an antiquated treatment, a beautiful operation, a scientific death, and a first-class funeral.

Now the error in diagnosis here was made in giving too much importance to the symptoms of intestinal obstruction and neglecting the means necessary to test the nature of the obstruction which here was proven by the oil and injection to be fæcal impaction with a sluggish condition of the bowels. The well-known dangers and mischief that have been done by the administration of drastic purgatives such as croton oil, in cases of intestinal obstruction from invagination, where medication is powerless, have by neglecting laxatives in doubt-

ful cases, swung the pendulum too far. A too ready resort to the knife when more conservative measures would suffice, is the tendency of the age. The glamour of a successful laparotomy is something to which the unpretentious triumphs of a bottle of oil can have no parallel, consequently we have exchanged the castor oil bottle for the knife.Strange what fashions medicine hath! Just in proportion as the knife has gained ground, the lancet has lost. The only abuse of the lancet now is in its neglect, whereby many patients are allowed to die who might be cured by a timely and free resort to blood-letting, while many diseases are allowed to become chronic, entailing an indefinite time of suffering and invalidism, that might be aborted by a bold and timely bleeding.

Argument.—That "doctors differ" is no longer true. That they often err is a lamentable fact, but in almost every instance this error is chiefly the result of failure to avail themselves of the means at their disposal to render the diagnosis positively certain.

By the substitution of physical signs for rational symptoms, modern science has rendered it no longer possible for doctors to disagree as to what is the matter with the patient. Would that we were as ready in the cure as in the diagnosis! Unfortunately, however, while in order to cure or to treat a patient rationally, a correct diagnosis is of paramount importance, it does not follow that because we know positively what the pathological conditions are, that we can cure the patient. The pathological conditions are positive, tangible facts cognizant to our senses. The treatment is not necessarily so. Were our therapeutic knowledge equal to our pathological, death would be a rare accident.

I would not have anyone infer from our claims, that it is thought or claimed that we can always tell with certainty exactly what is the matter in any and every instance. The human organism is too complicated a machine, and human judgment too fallible for such a state of perfection. There will perhaps always remain some obscure diseases, that will elude the most intelligent inquiry, but these are daily becoming more rare. I only claim for diagnosis the same amount of perfectability known to the other higher departments of human knowledge, and nothing short of this should satisfy the modern physician. We may still say with Hyppocrates "art is long, time is short, experience imperfect and judgment difficult."

Moral.—Always look at both sides of the shield before forming an opinion.

SURGICAL THERAPY IN RECTAL CANCER.

BY G W. BROOME, M.D., ST. LOUIS.

Read before the St. Louis Medical Society, March 22, 1890.

The subject matter of this report is based upon the case of T. F. G., æt. 35 years, an accountant by occupation. He was first examined by me on June 6, last. He called at my office in person but was very weak—much emaciated and wore an anxious expression on his countenance. His ailments were all assigned by him to his rectum and among other matters relating to the history of the rectal trouble, he stated that about one year previous, he began to find much difficulty in overcoming a tendency to constipation. Later along he consulted a homœopath but it seems his trouble grew worse. After a little while he went to a hospital in Kansas City, where he remained several months, but constantly losing ground, he was advised to go to Hot Springs, Ark., and he was on his way there when it occurred to him or his friends to first consult some one in St. Louis.

I found upon the first examination of the case, besides the subjective symptoms above described, a general pallor of the surface of the body, and great general physical relaxation, besides a most foul odor pervaded his clothing, skin and hair. It was learned that he had been taking morphine daily and experienced no respite from pain without this drug. He was badly nourished because, among other reasons he gave, that he had not eaten anything for some weeks, save tea and toast, as the egesta of any solid food only intensified the pain attendant upon the act of defecation. I found almost complete obstruction of the rectum with an offensive discharge of a black viscid liquid resembling very much ordinary coal tar.

The tumor in the rectum was at once made out to be cancer and the patient was given the opinion that the only thing that could possibly afford him any relief from pain and prolong his life would be the establishment of an artificial anus. After some little consultation with two friends who were with him, he requested that this be done for him. On the eighth day of June, or two days after seeing the patient, in the presence of Drs. Bransford Lewis, Cale, Laidley and others, at the Protestant Hospital, I made an inguinal colotomy in the following manner: His rectum was first thoroughly syringed with solution of permanganate of potash. The abdomen was shaved over the left inguinal region, thoroughly washed with hot water and soap, then irrigated with sublimate solution, after which the parts were sponged with ether to destroy any fat that might be left. The vertical incision was made and carried down to the peritoneum. The peritoneum was then incised sufficiently to grasp the presenting colon with the fingers. The colon was withdrawn and its edges secured with four artery forceps. A loop of about two inches in length was thus exposed and its mesial and distal halves stitched to each other in front and in the rear so as to cause the formation of a spur. We looked upon this step as the most important one of all in the technique of the procedure. The sutures were made with an ordinary straight sewing needle, the suturing material being catgut No. 3. The stitches included only the peritoneal covering of the intestine. The loop was then dropped into the peritoneal incision and its apex was stitched to the parietal peritoneum all around

with two tiers of catgut sutures. Now the gut was incised and the intestinal mucous membrane sewed to the outer skin. The formation of the spur as suggested by Verneuil has this advantage, that fæcal matter will not find its way into the lowest part of the rectum situated below the artificial anus, and thus painful and otherwise disagreeable regurgitation of fæces will be avoided. At the same time, secretions forming in the distal section will not be retained, but can escape through the fistula.

The wound was carefully dressed and the patient wrapped in a blanket and put to bed; hot water rubber bags were placed about his body He rallied slowly, but completely, from the shock. He steadily grew stronger and soon began to gain flesh.

Fæcal matter passed uninterruptedly at varying intervals through the new anus. On the seventh day he walked out of his room in the hall of the hospital and from this time on until the month of September following, or for a period of quite three months, the patient experienced marked relief from pain and scarcely found any occasion for morphine except for the gratification of the habit. That you may better appreciate the benefit he secured by the results of the inguinal colotomy and his condition at this time compared with that when he was on his way to Hot Springs without a hope for the preservation of his life beyond a week or two, I may read you, in his own words, a letter received by me while in New York during last summer.

COPY.

ST. LOUIS, MO., Aug. 6, 1889.

MY DEAR DR. BROOME —I have not had a good operation for over three days. There is a sort of a jelly substance that passes through my lower rectum and I have to strain considerably when it passes, besides, a liquid substance also accompanies the passage. I, however, go to the office every day, but do not remain all day. I feel very good from my waist up, but from there down am quite weak. I commence to feel badly in the afternoon and do not improve until I sleep at night. Very Sincerely, T. F. G.

He continued in the performance of much of his clerical work at his office daily for about two weeks after this operation until about September 10, when the more rapid disintegration of a portion of the rectal mass was followed by general cancerous infiltration, and of course his case grew almost hopeless. The patient had frequently importuned me to remove the tumor and whilst as a curative measure, it was beyond the limits of surgical possibilities, I finally consented to undertake the operation, which was performed after the manner proposed and practiced by Kraske. Now in order to bring the subject of the proper surgical therapy in rectal cancer before you for discussion, I will conclude by simply submitting the following propositions:

1st. That the first step in the surgical treatment of cancer of the rectum is the establishment of an artificial anus.

2d. That the inguinal opening is to be preferred to the lumbar operation because above every other consideration, there can be no mistaking the identity of the colon; further, it is more scientific, more rational and more in harmony with aseptic surgery. Besides, the inguinal anus is decidedly more convenient for the patient.

3d. That with a properly established inguinal anus, and by occasionally curetting the softening portions of the tumor, the patient will have secured about as much benefit as may be afforded by the Kraske procedure and with as great a prolongation of his life.

The following is quoted from Sajous' Annual, 1889. "In excision, the method suggested by Kraske affords about the best results, and yet the twelve cases operated upon to date show six deaths—two of exhaustion, one of sepsis, one peritonitis caused by giving away of the sutures and the entrance of fæces into the peritoneal cavity, and one of iodoform poisoning. Of the recoveries, three had fistulous openings at the end of three, three and one-half, and five months respectively; in two, the healing was not complete till the end of six and eleven months respectively, and two were recorded at the end of one and three months respectively. In other words, of the entire number, 38% died and there is no record of any permanent cure."

I have here the cancerous tumor which was removed from this patient. You observe that the normal structures of the rectum have been converted into a new connective tissue stroma. The identity of the histological structure of the normal rectum is entirely lost. The anus is included in this mass together with about six inches of what was the rectum.

520 Olive Street.

TRANSLATIONS.

FROM THE FRENCH.

BY F. NEUHOFF, M.D.

FALSE IMPERMEABILITY OF THE KIDNEYS IN CERTAIN FORMS OF BRIGHT'S DISEASE; TREATMENT OF URÆMIC COMA.

In the majority of kidneys altered by chronic interstitial inflammation of slow progress (of which gouty and senile nephritis are types) and even in many kidneys affected by a mixed form of nephritis, the number of glomerular systems destroyed is insignificant in comparison with those retaining their full integrity. It follows, therefore, that most of the kidneys of patients with chronic interstitial nephritis, who die of uræmia, are still organs capable of satisfying the wants of the body in regard to the purification of the blood.

Besides the congestive lesion (acute œdema), which is well known, there is another lesion frequently encountered in the kidneys of morbus Brightii, but which is

but seldom and poorly described. This is the "anæmic œdema." It is exemplified in the papule of urticaria, which results from the effect of acute congestive œdema. The liquid of the œdema having acquired a pressure sufficient to counterbalance blood pressure, compresses the vessel and renders them bloodless; hence the pallor of the urticaria papule. A similar process takes place in the renal cortex in the event of congestive œdema, sudden and intense.

There is no extensible connective tissue among the glomeruli, as is well known. The only fibrous connective tissue present is that in the center of the renal lobule (forming what I call the centro-lobular connective tissue stem), and that which is situated at the periphery of the lobule, enveloping the interlobular arteries and veins. In it are the lymph channels, which are the only points where the œdema fluid can collect. The renal labyrinth proper is not capable of extension. It results, therefore, that when the œdema reaches this level, the liquid which is effused is compelled to pass directly into the convoluted tubes, which then appear injected with albuminous cylinders and white blood corpuscles. When the œdema occurs along the medullary rays or around the afferent arteries of the glomeruli, these, well or diseased, become compressed, and no longer carry any blood. If this process becomes generalized throughout the renal cortex, the function of the latter becomes annulled and uræmia results.

The blood, unable to circulate in the cortex, distends to the utmost the surface of the organ subjacent to the fibrous capsule. In that way a derivation is established. Besides this subcapsular derivation, there is another, though less important one. The blood can escape by means of the venæ rectæ of the pyramids and thus distend the capillaries and veins of the pelvis of the kidney.

My researches have taught me that the interlobular veins communicate through the "stars of Verheyen," not only with the veins of the general circulation but also with those of the surrounding mass of fat, and through them with the subcutaneous and cutaneous vessels of the triangle of Petit.

This being admitted, it is evident that when acute congestive œdema of the kidney has, through pressure, annulled the function of the organ, it is possible, by local blood-letting, to act on this congestion, clear out the renal vessels, and relieve the strangulation to which the renal parenchyma is subjected. I have verified this fact on a number of patients. Careful clinical observation has enabled me to draw the following conclusions, which are absolutely consistent with the "anatomo-pathological" facts above enunciated.

1. In chronic interstitial nephritis, the kidneys, which have become momentarily annulled by a uræmic stroke, and the permeability of which was much lessened before the uræmea occurred, are in reality perfectly permeable and sufficient. In one case the kidneys became afterwards the means of discharging the enormous quantity of 49, 54 and 57 grammes of urea in 24 hours. These kidneys were even so little affected that after three months they no longer excreted albumen. In that case, the organs possessed a sufficient number of sound glomeruli to answer all demands for depurating the blood under certain conditions.

2. These conditions consist in an alimentation producing a minimum of toxic residue, namely a diet of milk, eggs, pork in small quantities, vegetables and fruits.

3. The accumulation in the system of the poisonous residues from ordinary nitrogenous diet gradually clogs up the kidney, which is unable to eliminate them completely. At the same time with these poisons urea accumulates in the tissues, until the poisons acting on the bulbo-cerebral system, the latter, in a reflex manner, brings about a congestive œdema, which annuls the function of the kidney. Then uræmia breaks out, either spontaneously or consequent upon great muscular fatigue, or an accidental congestion of the brain.

If afterwards the kidney recovers its permeability, it produces in the tissues a veritable cleansing, washing away enormous amounts of urea. Thus uræmia is suddenly changed to azoturia.

4. It is extremely probable that the progressive lowering of the permeability of the kidney in the chronic nephritis of which I speak, depends on a poisoning of venous system by the accumulation of toxic matter.

This poisoning exercises a neuroparalytic action, causing renal œdema, which slowly encumbers the gland, until a sudden stroke of generalized œdema positively closes it and produces uræmia. From this constant œdema arises an interstitial form of nephritis; thus a vicious circle is created.

5. It follows from the above, that in cases of chronic nephritis here referred to, the preventative treatment of uræmia ought to consist in a milk and vegetable diet, varied by the ingestion of eggs and victuals which, like pork, do not leave any appreciable toxic residue. The principal indication, however, is the systemic depletion of the kidneys, not only by dry cupping twice a day over the triangle of Petit (a powerful derivative agent as I have established from anatomical grounds), but by the discreet application of leeches each time that one observes the co-efficient of oxidation lowered.

As to the treatment of the uræmic attack, it follows from the above as a veritable corollary. It is necessary, first of all, to deplete directly the kidney, for the time being annulled by œdema.

General blood-letting ought in these cases to be always resorted to, not so much for the purpose of abstracting a certain number of grammes of poisoned blood, but in order to break up the erring manner of the circulation, considered as a whole. But local blood-letting over the triangle of Petit must also be practiced. This should consist of leeches; at first six applied on each side, repeated daily until the anuria ceases.

Another indication is, to raise the blood-pressure by copious draughts of milk and pure water, the diuretic effect of which is well known. But it is impossible to

introduce a sufficient amount of fluid by the mouth, as swallowing is difficult in uræmia. We must therefore resort to enemas of 250 grammes of pure water, repeated every two or three hours. These must be preceded by a purgative enema, after which they are almost completely retained. They exercise a useful function, not only by action as a diuretic, but also by cleansing the tissues.

For they dissolve and wash away the accumulated urea and other more or less poisonous material.

Finally one adds to the above treatment, the almost continual inhalation of oxygen in large quantities. The gas is brought to the mouth and nares, by means of a funnel connected with a resevoir through a rubber tube. Inhalation of oxygen acts powerfully on the nervous system, and at the same time, increases interstitial combustion which is a means of getting rid of retained poisonous matter.

To conclude, therefore, we may say that in uræmic coma, the tripod of treatment consists of: Repeated local blood-letting by leeches, frequent enemas of water (supplemented by ingestion of milk per os), and almost constant inhalation of oxygen. Of course there are valuable accessory measures which will suggest themselves to every one.

It must be remembered that I am not speaking of the eclamptic uræmia of degenerative nephritis, called parenchymatous. For I have not yet determined the condition of the kidneys in these cases, nor the kind of uræmia which is peculiar to them.—M. Renaut, in *La Concours Med.*

Pulmonary Respiration.

M. Cohr, of Copenhagen sums up the results of his researches on this subject thus:

1. The tension of the gases in the arterial blood and in the expired air, is such, that the difference in pressure on opposite sides of the walls of the air vesicles, can not be the cause which determines the passage of the gases through the lung tissues.

2. This fact manifests itself especially during the inspiration of air containing carbonic acid.

3. The tension of carbonic acid and of oxygen in the arterial blood, varies very much in different individuals placed under identical external influences; it may even vary with the same individual without any appreciable change as to external conditions having occured.

We can therefore consider the absorption and elimination of gases in the lungs as analogous to the phenomena comprised under the name of glandular secretions.

Like other organs, the lungs cannot exercise their special function, except within certain limits marked by external physical conditions. This is shown by exposing the organism to air poor in oxygen but rich in carbonic acid.

Outside of these extremes, the special action of the pulmonary tissue is the principal course determining the tension of gases in the blood.—*La France Med.*

New Treatment of Chlorosis.

Duclos regards chlorosis as an anto-infection of fæcal origin, caused by the constipation always present in true chlorosis. Chlorosis without constipation is, says the author, false chlorosis or rather anæmia symptomatic of some other affection.

Accordingly, chlorosis should be treated by laxatives, until all the hardened and decomposed fæces which so frequently lodge in the colon, have been cleared away.

The diet should be more vegetable than animal, because the latter is prone to give rise to ammoniacal products.

In some cases, constipation is not a prominent symptom, and the disease appears to be due to very active putrid decomposition. Here, evacuants are nevertheless indicated, but they must be supplemented by antifermentatives, such as bicarbonate of soda, carbonate of calceine, magnesia and charcoal. Iron will also be found useful, not because it restores to the blood an ingredient in which the latter is deficient, but because it will form sulphate of iron, by uniting with the sulphuric acid which it meets in the intestines.

Hyposulphite of soda has been used successfully with a view to arrest the fermentation in the alimentary tract. Naphthol no doubt will be found equally useful.

Chlorosis often proves rebellious to treatment by ferruginous preparations. Perhaps the evacuant and antiseptic method of treatment will be more efficacious.

More extensive researches on this subject are however very desirable.—*La Clinique, Jour. de Med. de Paris.*

New Antiseptic Dressing Without Bandages.

Certain anatomical regions are, on account of their form or locality, very poorly adapted to the application of bandages after a surgical operation.

A striking example are the lips. All surgeons are familiar with the difficulty of keeping in position an antiseptic dressing after an operation on a harelip.

To overcome these difficulties, Mr. Socin employs an antiseptic paste which adheres firmly to the skin, and renders superfluous the use of bandages and adhesive plaster.

The following is the formula for the paste:

℞ Zinci Oxid., - - - parts, 50.
Aquæ, - - - - - " 50.
Zinci Chlorid., - - parts, 5 to 6.

Mix thoroughly.

The surgeon should prepare the paste himself, as it is important to apply it as fresh as possible.

After an operation for harelip, the sutures having been inserted, the last antiseptic washing completed, and the wound and the immediate neighborhood thoroughly dried, the antiseptic paste is applied over the site of operation. Care should be taken not to occlude

the nostrils. While the paste dries, a few flakes of cotton may be incorporated with it in order to give additional strength. This dressing will form a durable and impervious crust, ensuring perfect antisepsis, and a consequent healing of the wound by first intention. It can easily be left undisturbed for six days, at the expiration of which time it may be removed, the sutures taken out, and a new application of the paste made. At the end of five or six days more, the wound will as a rule be completely cicatrized.

The above paste is absolutely non-irritating, and has never been known to provoke eczema. It will be found to answer perfectly in all cases in which is is necessary to apply a dressing, without bandages.—*Jour. de Med. de Paris.*

Mechanism of the Expulsion of Sputum. The Art of Coughing.

The researches of M. Nicaise on the mechanism of the expulsion of sputum demonstrate how cough may be either beneficial or detrimental, according to the use which the patient, advised by his physician, makes of the act of coughing, which is less voluntary than is generally believed.

Expectoration is divided into two periods. During the first, the period of "progression," the sputum travels slowly toward the upper extremity of the trachea, without the patient being conscious of it.

During the second period (that of "expulsion") the sputum, having arrived at the more sensitive portion of the trachea, near the larynx, acts as an irritant and excites a violent expiration, a spell of coughing, which carries the sputum through the larynx, and may even expel it outside of the body.

The phenomena do not always occur with this simplicity. The sputum may be very abundant, more adherent, the tracheal mucous membrane may be more irritable, bringing about a cough before the arrival of the sputum near the larynx. Still the mechanism of the expulsion of the sputum is essentially the same. There are always the period of progression and the period of expulsion. Progression may, however, be stimulated by several paroxysms of cough.

The sputum travels during quiet respiration when the bronchi are almost motionless. Change of caliber of the bronchi can not therefore be the agent which causes the sputum to advance. Ciliary vibration may be one factor, but to the current of air must be attributed the chief influence. During expiration the speed of the current of air is less than during inspiration, but during the latter period the tension is negative, while during the former period it is positive. This positive tension subjects the sputum to great pressure during expiration. To it therefore must be attributed the principal influence in the progression of the sputum during quiet respiration.

If the patient coughs while the expectoration is still in the bronchial ramifications, the speed and the tension of the expired air is increased and this causes the sputum to be expelled more quickly, in spite of the dilatation of the bronchi which occurs during forcible expiration.

In a general way, we may say that in secretory affections of the lungs, cough is a necessary act, when it causes the expulsion of sputum; it is a useless act, however, when it does not have this effect. It can be partially controlled, and its frequency can be diminished by the will. By controlling himself, the patient can resist a slight excitation of the trachea, which will cause a movement of cough or sometimes, when no self control is exercised, a violent paroxysm of cough, which will not result in any expectoration. Under these circumstances, the cough is useless and even harmful, as it only irritates the lungs.

A patient must not yield to the desire of detaching sputum which is probably as yet too far down. On the contrary, he must resist any internal irritation which he may experience. When the sputum has arrived near the larynx, a paroxysm of useful cough will naturally come on, and the sputum will be thrown off.

The above is a general rule, for no doubt cough is useful in clearing out the lungs. But it is necessary to try to diminish its frequency, and to resist violent paroxysms.

Though not always, one will frequently obtain the desired result.—*Le Concours Med.*

Statistics of Typhoid Fever.

M. Lereboullet reports 105 cases of typhoid fever. Of this number 100 recovered and the rest died. The treatment consisted of sulphate of quinine, associated with salicylate of soda. Some of the patients took baths but more often hot baths than cold baths.

The author thinks that the superiority of the cold bath, is not sufficiently well demonstrated to make it an obligatory treatment in the army.—*La France Med.*

Hydrastis Canadensis in Leucorrhœa.—Vaginal leucorrhœa is satisfactorily treated with the fluid extract of hydrastis Canadensis. Mixed with an equal amount of glycerine it may be painted over the vaginal wall or applied upon tampons; or a teaspoonful of the extract may be used in a pint of water as a douche.—*Ed. Med. Era.*

Menstruation.—Treatment for Excessive.—

℞	Ergotine dialyzed, - -	gram. 10.
	Distilled water, - - -	" 70.
	Glycerine, - - -	" 20.
	Salicylic acid, - - -	0 gr. 2.

M. Sig.: One teaspoonful diluted with three teaspoonfuls of water, to be injected into the rectum once a day after a stool.—Dr. Rheinstadter, in *Med. Bull.*

WEEKLY MEDICAL REVIEW.

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SATURDAY, APRIL 5, 1890.

THE NON-OPERATIVE TREATMENT OF FRACTURED PATELLA.

In the *Med. Rec.* of March 22, Dr. William T. Bull gives a paper presenting the results of fractures of the patella, treated without operation, twenty-two in number. By the use of simple retentive apparatus it appears possible to get satisfactory results in eight out of every ten cases of recent fracture of the patella, according to Dr. Bull's figures, if the safety of the ligamentous union is not endangered by any accident. Of the twenty-two cases, sixteen were fresh fractures, and six "refractures," representing nineteen patients. Of these nineteen patients the results are classified as good in fourteen, two after refracture, and as bad in five, four of which followed the accident of refracture. Dr. Bull does not believe that the ligamentous is as strong as bony union, although numerous cases are on record where one of the bony fragments has been afterwards fractured, the ligament remaining firm; but since many patients meet with no recurrence of the fracture, it may be stated that the ligament is strong enough for all practical purposes. That this latter is not an idle statement is shown by the fact that with the exception of one patient, a lawyer, the occupations of all the others are sufficiently laborious to test the usefulness of their limbs. In but one instance was the union osseous.

It is well to describe the treatment employed, one that has been in vogue in Bellevue Hospital for a number of years. If the patient is seen immediately after the accident cold applications are made to the knee and a posterior splint fitted to the limb. If seen several hours later even, compression, by means of cotton compresses and snug bandages, is relied upon to promote absorption of the effusion; at the same time the limb is elevated. In from two days to two weeks, but usually in four or five days, the swelling has subsided sufficiently to allow approximation of the fragments. When this is the case the upper fragment is drawn down and held by a loop of plaster, the center of which rests above it on a pad of lint or gauze, and the ends are passed downward to the upper part of the calf and posterior surface of the leg. The lower fragment is supported in a like manner, but this sometimes tilts the fragments, their upper margins being separated. Any such tendency to tilt should be noted and counteracted by making a few turns of the flannel roller, which precedes the application of the plaster-of-Paris bandage, circularly about the center of the knee. Dr. Bull does not believe the plaster strips are necessary, and thinks the fragments can be approximated just as well by using a roller bandage applied as a "figure-of-eight," for the fragments do not tend to draw up after the effusion has subsided. The entire limb is now encased in a plaster splint, and after it is dry the patient is allowed to sit up. If the splint gets loose from wasting of the limb, it is removed and a fresh one applied.

The plaster splint is allowed to remain six or eight weeks, after which the patient is allowed to get about on crutches, the knee being supported by a posterior splint of plaster or leather, this being worn for the next four or six weeks; the thigh and knee are in the meantime vigorously shampooed and kneaded, but care is taken not to flex the joint and so stretch the ligament.

The treatment after three months consists merely in the exercise of care to avoid accidents and to restore the functions of the limb by gradually increasing its work. Patients should use a cane during all this period, partly to remind them to be careful, and partly to aid in case of a misstep.

In the majority of cases the functions are restored by daily use of the limb, with friction of the knee at night, and the application of no more force than is required to bend the knee when the foot is on the floor.

This plan of treatment can be carried out by the least experienced practitioners without fear of an accident. If the effusion in the joint has a tendency to recur, a fenestrum is cut in the splint before it has fairly hardened. The plaster-of Paris splint is the easiest and most convenient to handle, and there can be but little danger apprehended from its use if proper precautions are taken.

Dr. Bull does not overlook the fact that the results might be better, and feels confident that there would have been a larger percentage of good results in his cases if all the patients had been advised at frequent intervals during the six months of treatment. The patient should steadily gain between the sixth and ninth month, and if the thigh be markedly atrophied, without much separation of the fragments, the development of the quadriceps extensor should be stimulated to the utmost. If the ligament and joint functions begin to weaken, the bones should be wired at once rather than later, when the fragments are more widely separated.

For simple stiffness of the joint he would hesitate to interfere, believing a strong and stiff joint to be better than a weak and flexible one. If, however, with the stiffness there were impaired extension, he would break up the adhesions first and afterwards wire the fragments. The treatment of rupture of ligamentous union should be conservative until it is apparent that the result will be unsatisfactory, when it may be wired.

As to operative treatment in fresh fractures, he believes with Brunner that "the suture by operation of a fresh fracture of the patella is justifiable only when it is compound. He looks upon all these procedures as unnecessarily complicated.

"They aim to get bony union, but they are attended with risk; if they are adopted it must be in the face of evidence that ligamentous union will give a useful and strong limb, and that this can be accomplished by safe and simple measures."

Cerebral Syphilis.

The prompt recognition and treatment of this important class of disease forms the subject of a paper by Dr. J. Leonard Corning, read before the New York State Medical Society and published in the *New York Med. Jour.* Practitioners as a general rule, pay but little attention to nervous diseases and regard it as hallowed ground to be trodden only by the specialist in this department. (We think this statement may be safely made). Whether this be from sheer indifference, or from the supposed abstruseness of this branch of medicine, combined with the disheartening lack of anything like a proper response to treatment, it is difficult to say.

With nervous affections of syphilitic origin, however, it is unquestionably different. They are much more amenable to treatment than the generality of nervous diseases, especially, as Dr. Corning remarks, if the diagnosis be made and treatment instituted at an early period. He points out "the more salient manifestations, a knowledge of which will enable the practitioner to recognize syphilis of the brain in time to do something for it.

The symptoms of early cerebral syphilis are much more uniform than the later ones, a fact which at first might seem difficult to account for, when one considers how heterogeneous are the changes which lie at the root of the phenomena." Persistent, violent headaches are the most prominent of the earlier manifestations. They are often intermittent in character, coming on in paroxysms of great severity. In many cases the assumption of the recumbent position will bring on paroxysm or increase its violence and for this reason the patient dreads the approach of night.

There are also localized spots of tenderness on the scalp, and ambulatory pains in other parts of the body. A hasty diagnosis of syphilis should be guarded against, however, for similar pains are found in meningitis, cerebral tumors, and uræmia. On the other hand cerebral syphilis is often found where but a very meager specific history is at hand, and for this reason many writers recommend antisyphilitic medication in cases of doubt. Besides the pain there are attacks of vertigo, passing mental impairment with inability to concentrate the thoughts or exercise the memory; sensory and motor-derangements, and impairments of sight and speech. The disturbances of motility come in the form of localized spasm and paralysis, of evanescent character, distinguished by the irregularity of their manifestations. The spasms are usually limited to certain groups of muscles, but they may become progressive, and the twitching of a few muscles may be converted into a general convulsive attack, with, but rarely, loss of consciousness. The paralysis which accompanies or follows these spasms may likewise be limited, or more general in character. The irregularity of these limited spasms and paralysis are the points to be noted.

The paralysis of cerebral hæmorrhage is more general than that of cerebral syphilis, and more sudden in its onset; it does not wander from one group of muscles to another.

The nerves most frequently affected are the oculo-motor-abducens, and facial, and, less often, the optic, auditory, trigeminus and hypoglossus nerves.

Paralysis of the oculo-motor and abducens nerves sometimes occurs simultaneously.

The psychical impairment may be of widely varying degrees; it may be but slight and evanescent, or it may closely resemble general paralysis of the insane, to be distinguished only by the occurrence of prodromic symptoms.

Energetic antisyphilitic treatment should be instituted as soon as possible, and preferably the mixed treatment. The mercury is administered most effectually by inunction, two to five scruples of mercurial ointment being rubbed in daily. Potassium iodide should be given in increasing doses until the symptoms begin to yield to treatment. From one hundred to one hundred and fifty grains to the dose will usually be found sufficient, but it is impossible to tell in advance how much will be needed. Its use should be continued with few intermissions for months at a time, with the usual suitable precautions. The dose should be well diluted; if the bowels are loose they should be regulated with a little opium, acne should be combated with Fowler's solution; if persistent vomiting occurs, the amount of iodide should be reduced or the drug should be entirely discontinued for a time. Whatever plan of treatment be undertaken, it should be persisted in until the effects are more than temporary.

Cardiac Insufficiency and Abortions.

For the past five years Dr. Montagu Handfield-Jones[1] has been exploring a new and apparently promising field

[1]British Medical Journal.

of investigation; he has endeavored, both in his hospital and private practice, to find out how much connection exists between morbid conditions of the heart and the occurrence, or recurrence of abortion. Laying aside valvular affections entirely, he endeavors to show that the absence or insufficiency of the usual hypertrophy of the heart,which should accompany every pregnancy, is a not uncommon cause of the occurrence and recurrence of premature emptying of the uterus in the earlier months of pregnancy.

Taking it as an established fact that at the close of pregnancy the left ventricle is found considerably hypertrophied, and that this hypertrophy is due to the increased work entailed on the heart by the growth of the uterus and its contents, he deduces that, if this hypertrophy is absent or insufficient, the heart will, as pregnancy advances, show signs of failing power, or, conversely, that if the heart shows signs of failing power during the progress of gravidity, it is reasonable to presume that the compensatory hypertrophy is either wanting or insufficient in degree.

Another point which he assumes as established is that the condition of the systemic circulation at its periphery depends very largely on the mode of action of the left ventricle. If the latter is healthy, vigorous, and has good driving power, then *ceteris paribus*, the circulation in the arterioles and capillaries is brisk, the walls of the small vessels are normal and intact, and leaking or extravasation does not take place; but, if the left ventricle is acting in a failing or imperfect fashion, then the blood stream at the periphery is sluggish, the walls of the arterioles and capillaries tend to become unhealthy, and dropsy or small hæmorrhages are very likely to take place.

With these data he relates the histories of three cases which illustrate in a most remarkable manner the recurrence of abortions due to cardiac failure. Besides these three cases he states that he has had many others which illustrate his argument in just as striking a way. Study of his cases shows beyond a doubt that the heart was on each occasion unequal to its work.

Making allowances for the perturbations of the nervous system which attend every pregnancy, yet all the signs, such as repeated fainting, œdema of the lower extremities, palpation, dyspnœa, and the results of physical examinations, all pointed unmistakably to heart failure. The symptoms of heart distress commenced in most cases during the third month, when the heart was beginning to feel an increasing strain, growing worse as pregnancy advanced, and only ceased, as a rule, after delivery, and the circulation had returned to its normal dimensions. Fortunately or unfortunately, according to the standpoint of the observer, post-mortem proofs are lacking, but a feeble, diffuse apex beat, short first sound at apex, and sphygmographic tracings, all point to a want of compensatory hypertrophy. The happy results of treatment on this basis should also be accepted as confirmatory.

The ova expelled presented the following general character: They were found to be dotted over with small hæmorrhages of varying size, and of color according to their standing. Hæmorrhages had taken place between the uterus and membranes, they were usually small in size, but in a few instances large blood clots were found.

The course of events, according to Dr. Handfield-Jones, is not difficult to follow. The first factor is the enfeebled power of the left ventricle; the blood stream passes in a sluggish manner from artery to vein. The walls of the arterioles and capillaries rapidly deteriorate and commence to bulge, and blood extravasations are frequently permitted. Each small extravasation between the uterus and the membranes of the ovum partially separates the latter from the uterus, and when sufficient separation has occurred the ovum becomes practically a foreign body, and as such is cast off. Clinical confirmation of this is afforded by the fact that small and repeated blood losses *per vaginam* often take place in these cases for many days before final expulsion of the ovum occurs.

"If we accept the views propounded as correct, our treatment becomes at once clear. It is briefly to spare the heart as much as possible by maintaining the recumbent posture largely and avoiding any severe muscular exercise, at the same time by good hygiene, liberal diet, stimulants, and cardiac tonics to improve the nutrition of the organ.

In many of our text-books on midwifery and diseases of women, the term 'habit of abortion' is mentioned; the term is essentially a term of ignorance, and we find that as our knowledge becomes more exact, fewer and fewer cases of repeated abortiun are referred to this category, other and more scientific explanations being forthcoming. Should the view put forward to explain the causation of some instances of repeated abortion be deemed a true and scientific explanation, it may serve to rescue some of our hitherto unexplained cases from the unfortunate group referred to, and by making clear the mode in which abortion is brought about, may lead to a satisfactory and successful treatment.

MEDICAL ITEMS.

At a New York coroner's inquest, over the bodies of a woman and child who had died at a lying-in hospital, the resident physician endeavored to shoot the visiting physician.

The University of California.—The Legislature of California has passed a bill appropriating $80,000 for the erection of a new Medical College for the University in San Francisco.

Carbolic Acid Tablets.—The artificial carbolic acid lately introduced appears to be of such a stable character that it may be compressed into tablets for forming extemporaneous solutions.

The Soft Chancre, says M. P. Coulon, is disappearing from Paris and going to the provinces. During last summer's exposition, however, the crowds of provincials brought in an unusual number of chancroids.

Mrs. Malaprop Again.—A regular physician was summoned to attend a member of Mrs. Malaprop's family; he expressed some surprise at being called, knowing the lady in question to be an ardent follower of homœopathy. "Yes," said Mrs. M., "I have changed my views; the homœopaths are good for infant-ry, but the regulars are best for adult-ry."

Dangers of Borax as a Preservative.—The German Government has forbidden contractors to supply the navy with preserved articles of food containing boric acid. This order is the result of the trial of a new preservative composed of equal parts of borax and salt, which has been sold as harmless. It was found that persons partaking of meat preserved with this agent experienced gastric derangements.

Criminal Lunatics in Belgium.—The Brussels Academy of Medicine has expressed itself in favor of the establishment of a special asylum for criminal lunatics in Belgium. In this asylum they advise that all insane persons recognized to be dangerous to their fellow men should be confined, whether they have actually committed a crime or not. Lunatics whose mental derangement manifests itself in outrages on public morality, attempts at rape, etc., are classed as "dangerous."

Cremation in Paris.—The practice of cremation is so largely on the increase that it has been decided to build a new furnace at the cemetery of Pere-la-Chaise, Paris. The furnace at present in use is kept burning night and day, a system which permits of the complete destruction of the corpse in less than an hour. It is hoped that with the new furnace the same result may be obtained in three quarters of an hour at the most.

A Good Quotation.—One of the late Sir William Gull's favorite quotations was the following:

If I was a tailor,
I'd make it my pride
The best of all tailors to be;
If I was a tinker,
No tinker beside
Should mend an old kettle like me.

The Diagnosis of Hydrophobia.—Dr. Gibier, of the Pasteurian Institute, in New York City, has received many letters of inquiry as to the diagnosis of rabies in dogs which have bitten human beings, and thereupon killed. In such cases, he requests that some part of the brain of the animal he put in glycerin, with as little delay as possible, and be sent to him. When this is done, but not otherwise, a satisfactory conclusion can be reached.

A Munificent Friend of the Sick.—The name of the donor of the large sum of a hundred thousand pounds for a convalescent home near London has come to light, notwithstanding his wishes to keep in the background; his name is Peter Reid. He has already been prominent for his generous interest in hospitals and other charitable institutions, but his last grand gift to the sick poor of London was announced as from an anonymous source in January last.

A Curious Mental Trait.—A correspondent of the German Anthropological Society tells of his meeting a farmer, by the name of Lowendorf, who had a peculiar habit of writing "Austug" for "August," his Christian name. Some years later he was inspecting a school, and heard a little girl read "leneb," for "leben," "naled" for "nadel," and the like. Upon inquiring, he found that her name was Lowendorf, and that she was the daughter of his former friend the farmer, now dead. This defect was noticeable in the speech and writing of both father and daughter. It appeared in the father as the result of a fall that occurred some time before the birth of his daughter.—*Science.*

Physicians on a Strike.—Readers will doubtless remember the strike of the Rodez (France) physicians, referred to in the Review some time since. The Paris correspondent of the *Ther. Gaz.* says that the action "having been imitated by doctors in another locality, the Minister of Justice found himself compelled to take some immediate action, pending a Parliamentary determination of the matter. Physicians are justly indignant at the grotesque compensation for medical expert services allowed by fatly-salaried law officers, and, thinking these well-fed individuals could very well act more fairly on their own authority, have resolved to stand imposition no longer, and not to wait for the proverbially slow action of parliamentary bodies. This was the proper way to act, and the only one to obtain justice from lawyers, who cannot possibly proceed without medical experts in many criminal cases. Consequently, Minister Thevenet has sent a circular letter to all his 'procureurs generaux' (district attorneys), directing them to at once confer with the medical associations of their districts as to the proper compensation for expert work. The local associations have in their turn referred the matter to the national association, and, although the medical body rather mistrusts the legal fraternity, it is probable the difficulty will soon be satisfactorily adjusted."

BOOKS AND PAMPHLETS RECEIVED.

Wood's Medical and Surgical Monagraphs, Vol. v, No. 3, March, 1890, containing:

I.—The Treatment of Cancer by Electricity. By Dr. J. Inglis Parsons, London.

II.—The Dreadful Revival of Leprosy. By Sir Morell Mackenzie, M.D.

III.—Diseases of Old Age. By Dr. A. Seidell, Berlin.

IV.—Urinary Neuroses of Childhood. By Dr. Louis J. Guinon, Paris.

V.—Varicose Veins of the Lower Extremities. By Wm. H. Bennett, F.R.C.S.

VI.—Uses of Electrolysis in Surgery. By W. E. Stevenson, M.D., London.

Sanders' Question Compends:

I.—Essentials of Examination of urine. By Lawrence Wolff, M.D.

II.—Essentials of Diseases of the Skin. By Henry W. Stelwagon, M.D.

Twenty Second Annual report of the N. Y. Othopædic Dispensary and Hospital (for Children with Spine and Hip Diseases and Other Deformities), situated at 126 East 59th St., New York.

Chloralamid Schering, a pamphlet published by Lehn & Fink, New York, 1890.

Announcement of the Medical Department of the Yale University, 1890.

Practical Electricity in Medicine and Surgery. By G. A. Liebig, Jr., Ph. D., and Geo. H. Rohe, M.D. 8vo. pp. 382, 1890. Price $2.00 net.

Philadelphia and London: F. A. Davis.

I.—Proceedings and Addresses at a Sanitary Convention Held at Pontiac, Mich., October 17 and 18, 1889. A Supplement to the Report of the Michigan State Board of Health for 1890.

II.—The Same of the Sanitary Convention held at Vicksburg, Mich., December 5 and 6, 1889.

A Study of Aneurism of the Pulmonary Artery. With the Report of a Case. By Charles B. Williams, A.B., M.D., Clinical Assistant in the Surgical and Orthopedic Department of the Philadelphia Polyclinic Hospital.

Annual Report of the St. Louis Public Library, 1888-1889. F. M. Crunden, Librarian.

Wonders of the Tropics, or the Explorations and Adventures of Henry M. Stanley and other World-Renowned Travelers, including Livingstone, Baker, Cameron, Speke, Emin Pasha, Du Chaillu, Anderson, etc. Containing Thrilling Accounts of Famous Expeditions, Miraculous Escapes, Wild Sports of the Jungle and Plain, etc. By Henry Davenport Northrop, D.D., Author of "Earth, Sea and Sky." J. H. Chambers & Co., St. Louis.

Coco and Its Therapeutic Application. By Angelo Mariani. Illustrated, Cloth, pp. 78. New York: J. N. Jaros, 52 W. 15th street. 1890.

Essentials of Gynæcology. Arranged in the form of questions and answers, prepared especially for students of medicine. By Edwin B. Cragin, M.D., Attending Gynæcologist to Roosevelt Hospital, Out-patient Department. Illustrated. Saunders' Question Compends. 1890. Philadelphia: W. B. Saunders, 913 Walnut St.

Tenth Annual Report of the State Board of Health of Illinois. With an Appendix Embracing Coroner's Inquests, Meteorological Tables, Illinois Board of Medical Examiners, and Official Register of Physicians and Midwives. 1890. John H. Rauch, M.D., Secretary.

Transactions of the Medical Socity of the State of North Carolina, Thirty-Sixth Annual Session, held at Elizabeth City, April 16-18, 1889.

The Cause of Death from Chloroform. By H. C. Wood, M.D., Prof. of Materia Medica and Therapeutics in the University of Penn., and H. A. Hare, M.D., Demonstrator of Therapeutics. Reprinted from "Medical News."

Le Massage et la Mobilization dans le Traitement des Fractures, Theorie et Pratique, Indications, Applications a la Plupart des Fractures. Par le Dr. J. Lucas-Championiere, Chirurgien de l'Hopital St. Louis. Paris, A. Coccoz, 14, rue de l'Ancienne-Comedie. 1889.

Some Complications of Chronic Endarteritis. By William Buckingham Canfield, A.M., M.D., Fellow of the American Academy of Medicine; Chief of the Clinic for Throat and Chest Diseases, University of Maryland, Baltimore. Reprinted from "Med. Rec."

Report of the Section on Practice of Medicine: I. The Relation of Dusty Occupations to Pulmonary Phthisis. II. The Present Aspect of the Question as to the Etiology of Pneumonia. III. The More Recent Treatment of Pulmonary Phthisis. By the same. Reprint from "Transactions of the Medico-Chirurgical Faculty of the State of Maryland." 1889.

The Early Detection of Pulmonary Consumption. By the same. Reprint from the "Maryland Med. Jour."

A Dermoid Cyst of the Left Ovary. By Wm. Warren Potter, M.D., Buffalo, N.Y. With a Pathological Demonstration by Wm. C. Kraus, M.D., of Niagara University. Reprint from "Buffalo Med. and Surg. Jour."

A Discussion on Craniotomy:

I. Is Craniotomy Justifiable on Living Children? By Geo. H. Rohe, M.D., Baltimore.

II. Its Alterations.

Abortion. By Wm. W. Potter, M.D., Buffalo.

Premature Labor. By Joseph Hoffman, M.D., Philadelphia.

Forceps and Version. By James P. Boyd, M.D., Albany.

The Cæsarian Section. By E. E. Montgomery, M.D., Philadelphia and A. Vander Veer, M.D., Albany.

Laparo-Elytrotomy. By Chas. L. Reed, M.D., Cincinnati.

The Porro Operation. By Joseph Price, M.D., Phila.

III. Conclusions: A Resume of the Whole Subject. By Wm. H. Wathen, M.D., Louisville. Reprint from "Trans. American Association of Obstetricians and Gynæcologists," Sept., 1889.

Proceedings of the Department of Superintendence of the National Educational Association at its Meeting in Washington, March 6 to 8, 1890. Government Printing Office, Washington.

The Journal of Mycology: Devoted to the Study of Fungi, Especially in Their Relations to Plant Diseases. By B. T. Galloway, Chief of the Section. 1889. Washington: Gov. Printing Office.

Reminiscenses of Field-Hospital Service with the Army of the Potomac. By Wm. Warren Potter, M.D., Brevet Lieut.-Colonel U.S. Volunteers, etc. Reprint from "Buffalo Med. and Surg. Jour."

Inflammation of the Vermiform Appendix: Its Results, Diagnosis and Treatment, Together with the Reports of Seven Cases of Excision of the Vermiform Appendix for Perforative Appendicitis, with Exhibition of Five of the Patients. By Thos. G. Morton, M.D., One of the Surgeons to Penn. Hospital; Surgeon to Phil. Orthoped. Hospital, etc. J. B. Lippincott & Co., Philadelphia. 1890.

CORRESPONDENCE.

FOREIGN LETTER.

Hopital St. Louis—Pean—Vesico-Vaginal Fistula—Excision of Scar of the Scalp—Monocular Cyst of the Neck—Phosphorus Necrosis of the Upper Jaw—Le Dentu—Ovariotomy—Operation for Varicocele—Hopital Lariboisiere—Perrier—Tuberculosis of the Knee—Fistula in Ano—Pavilion for Laparotomy—Hopital Bichat—Terrier—Hopital Necker—Tuffier—Skin Grafting—Strangulated Hernia—Apostoli—Polyklinik—Hospice Salpetriere—Institut Pasteur.

Paris, March 10, 1890.

Dear Dr. Bond.—The first hospital I visited in Paris was the Hopital St. Louis, rue Bichat. This hospital has a capacity of over one thousand beds. The surgeons are Pean, LeDentu, and Lucas-Championiere.

The first surgeon I saw here was Pean. Being aware of the fact that Pean is a brilliant operator, I was prepared to see him do quick work, although I was much surprised to see the amphitheater in which he operated. It was small and not too well lighted, visitors, assistants, nurses and operator frequently being huddled in a heap, so that instruments had at times to be conveyed to the operator by the assistant climbing over the shoulders of those around the table, and the patients conveyed to and from the amphitheatre being crowded through the mass of visitors and assistants. The surroundings are certainly inadequate, and not what one would expect to find in Paris, and especially in these times of advanced surgery.

The first case I saw Pean operate on was that of a vesico vaginal fistula. Instead of using daylight to illuminate the field of operation, a small Edison incandescent lamp was used, attached to a handle, the current being conveyed to it by means of a flexible cord, attached to an electric tap in the wall which was in the circuit of the electric lights used for lighting the amphitheater. By this means the parts were well shown, the light being held by an assistant. The sutures used were very long silver wires, introduced by means of a canulated needle, and after being twisted, left to hang out of the vagina.

Considering that this operation is usually a rather tedious one, on account of the inaccessibility of the parts to be operated on, it was, however, quickly done. In this case the fistula was rather lower than usual, as there seemed to be no great difficulty in introducing the sutures.

Pean has been called the "king of forceps;" in his operations he uses a great many, and leaves them in situ frequently for twenty-four to forty-eight hours, instead of using ligatures, placing his dressings over and around them. Thus in his method of vaginal extirpation of the uterus he uses no ligatures but places forceps on the vessels and the broad ligaments, leaving the forceps in situ.

The next case brought into the amphitheater was that of a boy, æt. 12 or 13 years, who had a depressed scar on the right side of the head, one and one-half inch long, due to injury, and as the boy was suffering from nervous symptoms (epileptic) it was surmised that possibly there might have been a fracture of the skull at the site with accompanying depression.

It was, therefore, decided to operate, to trephine and elevate the depressed bone. An elliptic incision was made through the scalp down to the bone, the line of incision passing close to the margin of the scar; it was about four inches long.

A large flap was thus made, and when turned back a good field for operation was obtained. It was found that the scar was very firmly attached to the bone; another elliptic incision on the other side of the scar, and only long enough to encircle it, enabled it to be freed from the scalp. The periosteum was much thickened in the vicinity of the scar, and was also dissected up.

When the scar was removed, it was found on careful examination that there was no evidence of any depression of the bone, and so it was decided not to trephine, but to be content with the excision of the cicatrix.

It was the operator's opinion that on account of the thickened periosteum and the generally thickened scalp, in the vicinity of the scar, that nerve fibers were entangled in this mass of thickened tissue, and the pressure produced on them caused irritation of the nervous centers, and the symptoms from which the patient was suffering. The operator also called attention to the fact that this form of scar, funnel or trough-shaped, with inverted edges, and much thickened tissue surrounding it, which give the parts the feeling of extreme firmness, being bound down to the bone, and not movable over it, can very frequently be mistaken for a de-

pressed fracture, having the appearance and feeling of the same.

As the scalp is very vascular it took six or eight forceps to catch the bleeding vessels. After the parts had been freed from blood, an immense dressing was put around and over the forceps; first gauze was packed among the forceps and next to the wound, and over this antiseptic cotton held in place by gauze bandages.

The next case was that of a middle-aged woman with median monocular cyst of the thyroid.

An incision in the median line was made through the skin over the cyst. The cyst was punctured and found to contain a dark colored flocculent fluid. The cyst wall could be separated *en masse* from the surrounding and underlying tissue, but had to be taken away piece-meal. There was considerable hæmorrhage, but the application of the hæmostatic forceps controlled it readily. In this case Prof. Pean had occasion to show his manual dexterity. The tumor was removed in a remarkably short time. The forceps were left in situ, and the dressing was put on as in the previous case.

Another case operated on was one of phosphorus necrosis of the upper jaw in a girl. The necrosed portions of bone were taken away by means of a gouge forceps, without having to make any incision through the soft parts. The wound was tamponed with iodoform gauze.

Prof. Pean is a large man, dark complexioned, with a large head and bold features. I should judge him to weigh at least two hundred and twenty-five pounds. He appears in the operating room in full dress and faultless linen, tying a sort of apron around his neck, but otherwise does not put on any operating paraphernalia, and it is remarkable how little blood he gets on himself.

There is no irrigation of wounds but blood is absorbed by tampons and pledgets of gauze.

I have seen it stated that the French used less irrigation of wounds than the Germans. This I have not found to be the case, for in this respect I do not find a great deal of difference, as the same method is used by the Germans, also keeping the field of operation free from blood by "Zupfen" with gauze pledgets. The irrigator is used in situations where it is necessary to free the parts from pus and inflammatory debris.

The constant method of irrigation during operations is used by some gynæcological surgeons, who operate with a constant fine stream of sterilized or weak carbolic or bichloride solution, playing over the field of operation.

I did not see Pean do a laparotomy, but had occasion to see Le Dentu perform ovariotomy.

Le Dentu is a medium sized middle aged man of very pleasant manner. Not a rapid operator, but very deliberate, seeming to know always what he is about.

The case operated upon was a cyst of the right ovary. The patient was placed on a low short table, with her legs protruding over the end. The operator sitting on a stool between the thighs of the patient, the patient's limbs resting on his legs. On each side of the patient also sitting on low stools an assistant took position, and at the head of the patient sat the administrater of the anæsthetic. This was the first time I had seen the operation with operator and principal assistants in a sitting posture. I saw, however, that it was a very good method, for being less fatiguing for operator and assistants, it also enabled instruments and sponges to be conveyed to the operator and his assistants more readily by nurses, and enabled visitors to have a better view of the field of operation, than where all are standing, and very often one in the other's way.

The operator is also nearer the field of operation, and having all parts directly in front of him, whilst standing at the side of patient places one portion of the operation field nearer to the operator than the other, which sometimes is a disadvantage.

The abdomen was opened quickly. Le Dentu uses a forceps in the form of a hook, one arm of the hook longer than the other. The short arm of the hooked forceps, on which are the jaws, grasps a sponge, is introduced in front of the tumor behind the pubes, the long arms of forceps extending out over the pubes and over the vulva.

This sponge on the forceps is placed in the pelvis in front of the tumor to absorb fluids that may accumulate during the operation; it is left in situ till the end of the operation.

The cyst wall was found to adhere to the mesentery, which was carefully pealed off. The pedicle was very broad, requiring three ligatures to be placed in it. A small cyst was found in the fundus of the uterus. A ligature was first placed around the base of the uterine cyst, and then the cyst was extirpated, the peritoneum was drawn over the wound in the uterus and sewn with a continuous suture of catgut.

After the operation had been completed and the pedicle dropped into the pelvis it was found that there was hæmorrhage. The pedicle was again fished out of the pelvis and it was found that a ligature had slipped off, somehow or other, the assistant not having tightened the knot sufficiently. It was rather tedious work to put on a ligature again; after a little patient work, it was however accomplished. An occurrence of this kind is very disagreeable and often unnecessarily prolongs an otherwise quick operation. In closing up the abdomen Le Dentu used a Reverdin needle (in Germany called a Brun's needle), which is a long slightly curved needle with a slotted eye at its point and fixed in a handle. The slot is opened and closed by a fine flat rod which lies in a groove in the side of the needle. The rod is operated by means of a button situated on the rod near the handle. The needle is introduced, with its eye closed, through both lips of the wound, the operator opens the slot in the eye by manipulating the button, an assistant hooks a suture into the needle eye and this is again closed and the suture drawn back through both lips of the wound. This method of placing sutures is done very rapidly (much more quickly than it takes to describe it) no needle holder being necessary. Silkworm gut was used by Le Dentu for the deep abdominal su-

tures. The Reverdin needle and silkworm gut are extensively used by Paris surgeons. The silkworm gut used is of a fine quality.

I also saw Le Dentu operate on a case of varicocele in which the tissue of the scrotum was very redundant. The varicosed vein was laid bare by an incision parallel over the vein about four centimeters long, the vein was isolated, and two ligatures applied, and then about two centimeters of the vein was extirpated between the ligatures. An oval piece was also cut out of the scrotal tissue so as to reduce its redundancy.

At the Hopital Lariboisiere, rue Ambroise Paré, a hospital of seven hundred beds, Drs. Perier, Paul Berger, Delens and Peyrot are the surgeons. Dr. Perier was just making his visit through the wards at the time of my visit. Dr. Perier is a middle aged man and is one of the leading surgeons of Paris. After the visit was concluded, a few operations took place. One was a case of tubercular joint trouble of the right knee in a boy, æt. 8 years. The joint was very much tumefied. An incision was made, opening the joint, and large quantities of fungous masses scraped out with a sharp spoon. After the joint had been completely freed from fungous masses, a mixture of naphthol and camphor was injected, two parts naphthol to three of camphor. Dr. Perier stated that he used this mixture frequently in this class of troubles and thought that it was of service in tubercular joints where the fungous degeneration was not far advanced, and where an operation was not done. I had seen Trendelenburg, of Bonn, and others inject iodoform in olive oil with a Pravaz syringe into the joints, repeating the operation every eight to ten days. I was told that in a great number of cases satisfactory results followed this plan of treatment.

A case of fistula in ano was next operated on by Dr. Perier. Instead of using the knife the bridge of tissue was cut through with the thermo cautery, and the wound was packed with iodoform gauze.

This concluded Dr. Perier's morning's work and he regretted that it was an "off day" for operations, and he kindly volunteered to show the visitors his laparotomy pavilion.

This pavilion is built of wood and stands isolated from the rest of the hospital buildings. There are four rooms in this pavillion; a broad hall in the center divides it into two parts; on one side is the operating room about eighteen feet square, and next to it a room of the same size. This room is used for various purposes. On the other side of the hall are two rooms for patients with a small room for the nurse between; sliding windows connect the nurse's room with both patient's rooms. In the center of the hall is the heater. The halls are of tile and the walls are painted. Every thing was bright and clean.

A day or so previous to the operation the patient to be operated on is brought into the pavilion and the preparatory treatment is given here, and the patient stays in the pavilion until the result of the operation is determined, either favorable or unfavorable. This was the best arranged building I have so far seen for the purpose, it being cheap of erection, practical and simple in its arrangement and isolated from surrounding structures.

I went out to the Hopital Bichat, of 200 beds, to see Dr. Terrier, but as it is near the outskirts of the city, and the hackdriver lost his bearings, thereby consuming to me valuable time, I came just a little too late to see Dr. Terrier perform laparotomy for salpingitis.

I was told that Dr. Terrier was one of the best operators in Paris, and I regretted very much that I did not get to see him operate.

At the Hopital Necker (420 beds) I expected to see Prof. Guyon, who is celebrated as a genito urinary surgeon, but he was out of the city. His son-in-law, Prof. Tuffier, a young man and a very clever operator, was there in Prof. Guyon's stead. There was an operation of skin grafting according to Thiersch. The patient had had one of her mammæ removed; on account of the great amount of skin extirpated a large slowly healing wound resulted. The grafts were cut from the patient's arm and the wound pretty completely covered with grafts.

A case of strangulated hernia in a man, æt. 80 years, was also operated on. The man was in a bad condition, and it seemed questionable whether he would survive the operation. When the sac was opened the gut was found considerably reddened, and the question arose whether it would be advisable to return it into the abdomen. It was decided to return it. In cases of strangulated hernia, where the gut is in such a state that it cannot be returned into the abdomen, German surgeons stitch the gut into the wound, and an anus prenaturalis is formed, rather than perform circular resection of the bowel, and afterward perform a secondary operation to close the artificial anus. The opinion is gaining ground that this is the safest for the patient, as proven by the experience of many operators. I have seen several cases of this kind, all ending favorably, where the latter procedure had been employed.

I also took occasion to call on Apostoli and see him demonstrate his method of applying the electric current in cases of uterine fibroids. I had quite a time to find his Poliklinik near the Ave. del Opera. An entrance that reminded me very much of that of a warehouse led to a dingy flight of stairs, and these to a suite of small apartments in one of which sat a crowd of women huddled together. Among the visiting physicians there were Frenchmen, Russians, Greeks, Americans and Englishmen, all anxious to see Apostoli. On shelves around the walls of the operating room there were sundry plaster casts of the abdomens of women with tumors. These casts illustrated various stages of the decrease of tumors during treatment. Apostoli demonstrated on patients his methods of examinations and measurements of the abdomen, these measurements being necessary to eliminate the possibility of error as regards the size of the tumor under treatment, and thereby to determine the amount of reduction. He also showed the method of applying the current.

As to the benefit of this mode of treating fibroids opinions are divided, yet I think the greater weight is still in favor of the knife.

The Hospice Salpetriere is worth a visit. This institution accommodates about four thousand persons. As the name implies, it is a home for incurables and insane. Here Charcot has his klinik. I was shown all over the institution, and was much interested, especially in Charcot's lecture room, electrical room and museum. The lecture room is a large room, capable of seating several hundred persons. At one end is a large platform, like a stage; at the back is an immense oil painting, showing the great physician, Philip Pinel, among the insane. The electrical rooms have every kind of apparatus for applying electricity, and the museum contains many interesting specimens, drawings and casts pertaining to diseases of the nervous system.

An afternoon was spent at the Institute Pasteur, looking over the laboratory kennels for animals, etc.

I did not notice that the French surgeons as a class are more rapid in their work than their German colleagues. Pean certainly is one of the most brilliant operators one can find, everything considered. It struck me, however, that the French surgeons are not so far advanced in aseptic surgery. There is not that attention to detail in antisepsis that one finds generally in the German kliniks. This fact was observed not only by me, but in mentioning this to gentlemen whom I met in the various kliniks, it was generally admitted that this was the case. The younger class of surgeons are more progressive, but I was told that some of the older surgeons were still in the "backwoods" as regards modern surgery.

A. H. Meisenbach.

SELECTIONS.

CHRONIC MORPHINISM.

A valuable communication on the subject of morphinism was recently made by Dr. Arthur Wynne-Foot to the Royal Academy of Medicine in Ireland. To us the most important parts of the paper are those relating to prognosis and treatment. As regards prognosis in morphinism, Dr. Foot does not consider it as favorable as was at one time believed. In the opinion of some authorities the morphine habit belongs to the category of diseases which are almost incurable. The weaning from it is a laborious task for the patient as well as the physician, and yet thereon rests the only hope of recovery. It is considered by those who have had the longest experience of such cases to be easier to cure a morphine eater of his craving than a morphine injector. The probability of a cure may be estimated by attending to the following points: (1) The *duration* of the habit. Cases of short existence are more successfully treated than those in which the habit, of long standing, has exercised a deleteriouis nfluenced on mind and body. (1)The persistence or not of the *condition which gave rise* to exhibition of the drug. If this condition be irremovable,a cure is scarcely to be expected. (3) The physical and nervous *constitution* of the patient. Bad effects follow the withdrawal of morphine in weakly individuals, or in those of specially nervous temperament. The magnitude of the doses does not much effect the prognosis, except in so far as the larger doses indicate chronicity of the habit. It is a hopeful consideration that in most cases to break the habit means to get well, because, unlike alcoholism, the morphine habit does not entail structural lesions of any vital organ. Relapses, however, are very frequent, being more common in man than in woman. So great is the tendency to relapse that Jaeckel does not consider a cure to be accomplished by the mere suppression of the morphine hunger, but considers the continuance of control over the patient in a proper institution of the greatest importance. Dr. Wynne Foot's practical remarks on the treatment of morphinism may be summarised as follows. The process of cure or of "demorphinisation" requires a degree of moral and physical courage seldom at the disposal of a morphine *habitue*. His abject mental state calls for firmness, gentleness and tact on the part of the physician and the attendants. Neither the intensity of the craving nor the reality of his sufferings should be underrated or disputed. Four methods of treatment have been tried:—(1) the *deceptive* plan; (2) the *substitution* plan; (3) the *tapering-off* plan; (4) the *abrupt withdrawal* plan. The deceptive and the substitution plans are not worthy of serious consideration in the management of confirmed morphinism; the latter simply handing the sufferer over from one enemy to another. Not only is the substitution of cocaine for morphine dangerous, but there is a risk of developing a cocaine habit which is worse than morphinism. As to the tapering-off plan and the abrupt withdrawal plan, there seems to be no unanimity of opinion as to which mode of treatment should be employed. The first-named plan consists in the gradual reduction of the dose, until none of the drug is required. Dr. B. W. Richardson considers it better to reduce the dose at each administration than merely to lessen the number of injections in the twenty-four hours. The abrupt discontinuance of the drug is attended in all cases by indescribable sufferings, and in many by serious dangers. When morphine is suddenly cut off in those accustomed to its use a remarkable group of severe and alarming symptoms ensue, called the *Abstinenz-symptome* or reactionary effects. These comprise acute diarrhœa, insomnia, great excitement, amounting at times to mania dangerous to those around, and particularly to the physician; hallucinations and collapse. In cases where the habit is denied or concealed Charcot relies for the diagnosis on the occurrance of the characteristic *Abstinenz-symptome* which supervene during the process of demorphinisation. Great care is needed in the case of pregnant women addicted to opium, because incautious attempts to withdraw the habitual drug are, according to some authori-

ties, almost certain to be followed by the loss of the fœtus.—*The Dublin Jour. of Med. Scien.*

On Immediate and Remote Results of Operations for Localized Tuberculosis. By Prof. L. Ollier (Lyons). Ollier is a partisan of amputation for tuberculosis of the bones of the foot, in those cases when at the same time as the local trouble the patient presents marked pulmonary lesions, and in adults after the age of forty.

In young persons not suffering from pulmonary troubles conservative operations give such good results that they should always be attempted.

Within the past four years he has removed the astragalus thirty-two times without an immediate death, but the subsequent results were not equally good in all patients. This was due to the surroundings of the patient after operations.

The good results obtained after resection of the elbow are due to the fact that the patient can go out a few days after the operation and leave the infected atmosphere of the hospital. The resections of the foot, on the contrary, are obliged to remain in bed and in the hospital for a long time, and since endeavors have been made to shorten the stay in the hospital the results have been better.

General tuberculosis following operations for the relief of local trouble is extremely rare, and the fear of it should not counterbalance the serious advantages which can be gained by surgical intervention.

Surgical iutervention is justified every time that a careful examination of the internal organs shows them to be intact. The intervention should be as early as possible. If a rapid cure is desired, even at the price of the sacrifice of a limb, amputation should be resorted to; but if it is desired to preserve a useful limb for the patient a conservative operation should be attempted, and the younger the patient the better the result.—*Proceedings of the French Congress of Surgery, 1889.—Rev. de Chirg.—Annals of Surg.*

Treatment of Masturbation.—A correspondent of the *British Medical Journal* writes: There is a plan of treatment apparently little known but completely successful in cases in which the habit is a nocturnal one. A "cage" is carefully fitted over the genitals by an instrument maker, and kept in place by straps, which are secured by small locks. In the case of children, the parent keeps the keys. It is equally valuable for older youths, or men, who unwillingly find themselves overpowered at night. In such cases, the key, after locking the straps, is placed some distance from the bedside, and before it can be used the temptation has passed.—*Lancet Clinic.*

USEFUL FORMULÆ.

Antipyrine and Morphine are said to allay pain, when used conjointly, much better than either alone.—*Prag. Rdsch.*

To Deodorize Ichthyol.—P. B., in *Pharm. Zeitung*, recommends the oil of citron as an affective deodorant for ichthyol.—*Nouv. Remedes.*

Resorcin in Asthma.—Andeer (*Alleg. Med. Central Zeitung*) recommends that 15 grains of resorcin be given in a half glass of water during an attack of asthma. It is said that the attack rapidly subsides under this treatment.

Papayotin in Fissures of the Tongue.—

℞ Papayotin, - - - - part, 1.
Glycerin, - - - - parts, 5.

M. Sig.: Paint on affected part five or six times a day.—*Deutsche Med. Zeitung.*

Tonsillitis.—

℞ Chloral hydratis, - - - gr.x.
Glycerini,
Aquæ destilat., - - - aa ℥j.

M. ft. sol. Sig.: Gargle.—*Med. Record.*

To Soften Wax in the Ear.—

℞ Acid boric, - - - - gr.xx.
Glycerin,
Aquæ distillat., - - - aa ℥ss.

M. Sig: Warm it and drop 5 to 10 drops in the ear twice a day.—*La Clinique.—Dixie Doctor.*

Injection for Infantile Convulsions.—

℞ Musk, - - - - grains, 3.
Hydrate of chloral, - - " 10.
Camphor, - - - - " 15.
Water, - - - - - ℥v.

—*Rev. Gen. de Clin. et de Ther.—Med. Age.*

Disinfectant Pastels.—

℞ Paraffine, - - - - - ʒij.
Iodini, - - - - - gr. xv.
Acid. salicylic., - - - - ʒss.

M. Ft. pastel I. S. Burn in the infected room.

Such a pastel in burning, disseminates the disinfecting agents throughout the atmosphere of the room.—*Deutsche Med. Zeitung.*

Uterine Pencils.—

℞ Iodoform, - - - - - ʒv.
Acaciæ pulv.,
Starch pulv., - - - aa gr. xxx.
Glycerini, - - - - gtt. xxx.

M. ft. bacilli No. iii. Sig.: Insert one in uterus for abrasions in genital tract after delivery, or after operations in or around vagina. It disinfects for a day or two.—*Dixie Doctor.*

ORIGINAL ARTICLES.

THE USE OF THE ALKALOIDS IN THE DISEASES OF CHILDREN.

BY DANIEL MORTON, M.D., ST. JOSEPH, MO.

Attending Physician Home of the Friendless, Professor of Dermatology and Genito-Urinary Diseases, Ensworth Medical College.

Read before the Missouri Valley Medical Society, March 21, 1890.

In none of the branches of medecine does the therapeutic proverb *tuto, cito et jucunde* apply with such force as in that of the diseases of childhood. This paper will attempt to show that the use of the active principles of the various remedies now in common use, instead of the Galenal preparations of the same drugs, is a great advance toward the attainment of this end. No one need fear that the successful use of active principles necessitates the learning of a set of new remedies, or that alkaloidal therapeutics brings into the field of medicine drugs never before heard of. On the contrary, it gives the same tools which we and our forefathers before us have used, greatly improved and capable of doing not only the work formerly required of them, but much else beside. But because this claim is made it must not be supposed that alkaloids and glucosides offer everything needful for therapeusis to the exclusion of the many other useful remedies found in other worlds than the vegetable. We have no patience with the bigotry which draws its *amamentarium medicinæ* from one quarter and excludes good remedies from other sources. It is the glory of the scientific and sensible doctor that he searches the whole range of human knowledge for that assistance which helps him to relieve the suffering of mankind.

Accuracy of Dose.—The Galenal preparations are subject to circumstances before and after their manufacture which absolutely prohibit even an approach to uniformity of strength. This statement announces a fact and not a supposition. They depend for their activity upon the per cent of the contained active principle. This per cent varies with the climatic changes of the season, with the time of year at which the plant is gathered, with the length of time elapsing between the gathering and the manufacture, and with the various processes through which different manufacturers put the product. What is the result? The greatest confusion. Tinctures are made to represent one-fifth, one-eighth, one-twentieth of the weight of the crude drug, and different pharmacopeias have adopted different strengths for the same tincture. This is equally true of wines, vinegars, decoctions and infusions. With fluid extracts, however, a great advance has been made, but even here there is inaccuracy. One minim of the fluid extract represents one grain of the crude drug employed in its manufacture, but what does one grain of the crude drug represent? An unknown quantity, since the amount of its active principle varies. It was to meet this weak point that Parke, Davis & Co. put upon the market their normal liquids, which are as much in advance over the fluid extracts as the fluid extracts were over the tinctures and decoctions. These normal liquids take a definite strength of active principle for their standard and are assayed up to this standard without regard to the amount of crude drug required to reach the mark. When it is desirable to give preparations of the crude drug entire, normal liquids are unquestionably the best preparations to use. But even this is a species of polypharmacy, for should the crude drug contain more than one alkaloid the standard is composed of a mixture of the important ones.

But after being placed upon the shelves of the drug store the chemical changes which occur and the deterioration from age tend to make the inaccuracy still greater. How different is it with the alkaloids which can be prescribed in definite quantity, avoiding all chance of fatal mistake with the little sufferer, and fulfilling the *tuto* of the proverb.

Method of Administration.—It is in the method of administration that the alkaloids offer us one of their greatest advantages in the treatment of children. No more holding of the baby's nose, no more nauseous mixtures, no more bitter compounds, no more spilling of half the dose upon the little apron, no more of the taunt so frequently thrown in the face of the doctor: "Why, Doctor, So and So, the homœopathist, gives his baby patients the nicest kind of medicine." Now this latter point may have no weight so far as therapeutics is concerned, but it often decides the case against the physician and in favor of the homœopathist. There are many people who employ a homœopathist for their children who would not think of doing such a thing for themselves. In these cases it is simply pecuniary suicide for us to keep along in the old way of giving nasty medicine. A little granule not much larger than a pin head equals in potency a tablespoonful of some horrible Galenal preparation and placed upon the tongue is swallowed before the little fellow knows what is in his mouth. For older children should it be desirable to give more than one remedy at a dose the granules may be enclosed in the smallest sized capsule and the whole swollowed *en masse.* Is it not then inexcusable to prescribe the fluid extract of nux vomica in order to get strychnia?

Rational Prescribing.—An old teacher of mine used to say to me, "When called to the bedside of a patient, ask yourself, not what shall I give, but what do I want to accomplish?" In prescribing alkaloids one must know exactly what one wants to accomplish for there is no chance to write a shotgun prescription with the hope that should one ingredient miss another will hit the mark. The physiological actions of the alkaloids are known and they can be prescribed in accordance with this knowledge. We all know that the ingredients of

the entire plant are variable and complex, and hence the action must necessarily be uncertain.

Conclusion.—To the country practitioner who is compelled to furnish his own medicine alkaloids offer many advantages. They are compact, do not take up much room and are put up in the usual dose, ready to hand. Thus much time is saved and nine-tenths of the danger of the old manner of prescribing avoided.

To the city physician who has to compete with the homœopathist on one hand and the counter-prescribing druggist on the other, they are the only effective means at hand for combating both.

The character of the future materia medica, so far as the botannical part is concerned, will, doubtless, be materially changed. More and more space will be devoted to alkaloids or active principles, less and less space to crude drugs. And this is right. What would be thought of a materia medica which would advise the prescribing of the native ore cinnabar, instead of the refined product mercury, or galenite instead of lead, or argentite instead of silver, or to bring it nearer home, peruvian bark in preference to quinine? We could never place our profession along side of the exact sciences by such a policy as this. Our little patients must in many cases remain an unknown quantity, but we can use exact tools if we will.

The leading idea of the entire paper may be summed up thus:

The alkaloids offer an improved method of prescribing drugs to children because they are absolutely accurate in dose, pleasant, safe and easy of administration, and will certainly accomplish the purpose for which they are given.

REPORT OF A CASE OF SUPRAPUBIC LITHOTOMY.

BY DR. GEO. W. BROOME, ST. LOUIS.

Read before the St. Louis Medical Society, March 22, 1890.

I wish to report a case which possesses several features of very great interest. It is that of a patient who called at my office about three weeks ago, complaining of a bladder trouble. He stated he had been treated for some time for cystitis and enlarged prostate, one or the other, since July 1888. I did not examine him very carefully at my office. I noted however, that he was then in pain and much emaciated. I requested him to go to the Protestant Hospital where I would investigate his case. I at the same time asked him, inasmuch as it was an obscure case, to write a statement covering something of his own and family history, together with a description of his disease and the treatment so far as he could. With your permission I will read what he says. It simply tends to show the period of time that he was ailing without any permanent relief, and, too, the obscure cause of his long suffering. He writes:

"I was born in Kentucky 1854. My mother died in 1857, of what disease I do not know; my father is still living at the age of 56 years, and healthy with the exception of a fistula. I have no brothers or sisters living. For the last thirteen years I have been riding after cattle. I have had good health all my life until this trouble came on me the first of July, 1888. I was at that time in the Cherokee strip; I had been there three months with cattle and had been riding very hard. About the middle of June a horse fell on me (and I learn that he referred to this trouble to every doctor whom he consulted, and seemed to consider it a very important factor with reference to the cause of his suffering)which made me very sore in the lower part of my stomach for a week or more, not so bad that I could not work all the time. About two weeks after that fall I was taken with a chill. I had felt no effects of the fall for a week or more and when the chill came on my water-works got out of fix, the urine turned very red and would burn like fire and passed out every few minutes, but only a little at a time. I had three chills before I could get them stopped, but the urine trouble kept getting worse all the time, but not so bad but what I could ride all the time. I suffered day and night for two weeks before I went to see a doctor and then I went to Eureka Springs and called on Dr. H.; and he said I had inflammation of the bladder. I stayed under his treatment one month and got relief. I thought I was almost well and went back to the Cherokee Nation and went to work, but in three days time I was as bad as ever. I went back to Texas in September, 1888, but grew worse that winter. I did not try any doctor until sometime in January, I went to Dallas and employed Dr. E., stayed two weeks and got relief. In February, 1889, I went back to Dallas and was under Dr. E. until March, 1889, and not obtaining much relief I went to Hot Springs and stayed there three weeks. I went to Dr. G. and was under his treatment for one month and got no benefit, so went to Dr. C., of Hot Springs, and was under his care for six weeks, but still gained no relief. I stayed at Hot Springs and other springs close by until September 1; then I went to Eureka and stayed until February 26, 1890, but was under no doctor while there. From there I came to St. Louis. Respectfully,

J. W. W.

I realized that it was an obscure case, and the first step of course was to get the history as fully as possible which I have done, and in his own words.

The patient went to the hospital on Saturday and on Sunday we chloroformed him and introduced a Thompson's sound into his bladder and likewise explored the rectum. The effort, however, was devoid of satisfactory results. So I let him rest on Monday and on Tuesday I had him go up to the operating room, put him on the table and with the assistance of the nurse I injected half a dram of a 4% solution of cocaine into the bladder and then 30 drops into the urethra, back against the cut off muscle, and waited a few minutes. In a short while I took up a No. 20 American sound. When he saw the sound he said "doctor, that will kill me," but I

assured him that it would not be painful, and introduced it, reaching the bladder without any trouble; this is what I found—this stone which you see is about the size of a hen's egg. The large sound, as it passed into the bladder, came immediately in contact with the stone and the diagnosis was at once made. I will say that we adopted the supra-pubic method and relieved him in that way on the next Sunday. The after-treatment was particularly interesting, because there was exfoliation of the bladder membrane, with a high temperature and some septic absorption for two days at the end of the first week.

In order to bring this subject properly before you and that you may discuss the best operative methods as well as the after-treatment in these cases, permit me to formulate three or four questions.

1. Is it best to distend the rectum and if so what is the best means?

2. Is there any advantage in the transverse or cross incision over the median longitudinal incision?

3. What is the best after-treatment? Shall we drain or suture?

There is another question which I would like to propose, i. e., which of the operations generally practiced is the best for the removal of calculi from the bladder?

I simply wish to add that several days subsequent to the operation there was a high pulse and high temperature and I was unable to develop the cause for this, until by forcibly irrigating the bladder on March 15, when the temperature was 102 and the pulse 120. I forced this stone through the opening that I had made in the bladder. Subsequent to this there was another piece that I forced through, or at least I forced it part of the way and then withdrew it by means of the forceps. Now the question is, what would have become of my patient, had I sutured the bladder at the time of the operation? The urine was very heavy during this time and very offensive; of course there was pus in the urine all the time, subsequent to the operation as well as preceding it.

The present condition of the patient is good. He walked out on the front porch of the hospital to-day, March 22.

Now about the rectal calpeurynter; the distention of the rectum is more satisfactorily effected by means of the fingers of an assistant than any other method yet proposed. After cutting down to the deep fascia, the aasistant may increase the pressure against the bladder through the anterior wall of the rectum and thus raise the distended bladder well up into the wound and as the operation progresses with the separation of the tissues, the bladder will become more prominent. The idea is well worthy of imitation. This procedure may be made to answer every purpose; besides, the force is exercised at will and in the direction desired. From France we have reports of five deaths from rupture of the rectum produced by the rectal balloon. This will not occur by the manner proposed, if conducted by an intelligent assistant.

We made the longitudinal incision and did not encounter the peritoneum. The incision was about three inches long down to the white central line and upon entering this the incision was retracted to about one and one half inches in length. The opening through the bladder, however, had to be extended to a greater length in order to extract the stone. Now as to the after-treatment: particularly as it relates to drainage, the case just reported calls aloud for the open plan of treatment, for, by closing up the wound and thus confining the slough which came away from the wall of the bladder, it might have resulted in the sacrifice of the patient's life. I believe with Meyer, if it is safe to be guided by rules at all, in our conduct in the matter that:

1. If there is no catarrh of the bladder, or only a slight one, the wound in the bladder ought to be closed by primary, and eventually, the abdominal wound, by secondary suture.

2. If the catarrh of the bladder is serious and combined with septic suppurative pyelitis, the bladder should be drained.

3. In less serious cases both methods may be combined with advantage, that is, the greater part of the wound in the bladder may be sewn up and only a small spot in the middle left open for passing the tube. The secret of successful drainage is in its freedom, whether it be carried out by the open method or with the tube, the double tube or siphon. If there be any doubt about the drainage being free and complete, there can be no harm, but a vast amount of good, from forcing a pretty strong stream of irrigating fluid through the urethra into the bladder and out through the supra-pubic wound. I am pretty firmly impressed with the belief that if the bladder and the incision into it, are kept sterilized with plenty of pure water containing boric acid only, there will be no persisting fistula left to worry over. When the complete recovery is delayed by a persistent sinus, the complication is due to defective or faulty drainage or to the method pursued. I do not think it is good surgery to submit the patient to the ordeal of sewing up his bladder some days after the operation of epicystotomy, and I likewise look upon the subsequent perineal operation for drainage simply for the purpose of doing away with a persisting supra pubic fistula, as anything but triumphant surgery.

REPORT ON PROGRESS.

SURGERY.

BY H. G. HARVEY, A M., M.D., ST. LOUIS.

Aphrodisiacal Effects of Cocaine.

Dr. C. W. Richardson, in *Jour. Am. Med. Association*, Vol. xiii, No. 10, reports a case of a married lady of large physique, modest and reserved, from whom he

proposed to remove a growth from the nasal cavity under cocaine anæsthesia. A few minims of a 10% solution were injected beneath the growth. This was followed by the most remarkable and decided manifestations of erotic excitement which required some time to control. On the following day a smaller amount of cocaine gave rise to a similar condition but of less degree.

Sandré, of Vienna; Cunningham, of England, and others have published similar observations. The author calls attention to the medico-legal aspect of the subject and strongly recommends in such operations the presence of a female friend.—*Annals of Surgery*, Vol. x, No. 6.

The Healing of Wounds in Negroes.

After calling attention to a hip-joint amputation in an habitually intemperate negro, amid the filthy surroundings of a poor and neglected shanty, who had been operated on twice before for a recurrent fibro sarcoma which necessitated the final operative procedure, the wound healing throughout by first intention, the author brings up the question "whether the patient's race may not to a certain extent have been a factor in his recovery."

The author thinks that the profession in the South are commonly of the opinion that the process of repair is apt to be more rapid and thorough in negroes than in whites.

Dr. Daubler, a practitioner in Southern Africa, has related a number of cases in support of this opinion.

Velpeau asserted that the difference in the behavior of the healing process in different races or nations depends upon some difference in the constitution of their tissues. Dr. Daubler stated that microscopical examination showed that the accumulation of spindle cells along the vessels was observed to take place earlier in the negro than in the white man.

The writer also states that in and about New York this same difference in healing without suppuration is fairly well defined.

[This brings to mind the following case: Something more than twelve months ago a negro man, æt. about 25 years, whose general health was good, required amputation of each leg on account of a frostbite dating back about a year. Through the kindness of Dr. Fleming, in charge of the patient at the Poor-house, I amputated one leg at the upper third immediately after the other had been removed. The tibia was found carious; it was in such a condition that amputation above the knee would have been done at once had the patient's general condition justified. The medullary cavity was scraped out up to its upper end, leaving a mere shell of bone. The flaps were sealed up and the usual dressing with drainage used. Recovery was uninterrupted and good, with union by first intention, and the stump has remained good. The result may be in part accounted for by the patient's race.—*Rep.*]—Ed., *International Jour. Surg.*, December, 1889.

Surgical Treatment of Typhlitis.

From a paper by Dr. Treves, published in the *Brit. Med. Jour.*, we take the following: 1. The operation should not be performed until all inflammatory and other symptoms have quite subsided. 2. The incision should be made obliquely from above, downward and inward over the cæcal region, its lower extremity ending just external to the epigastric artery. The incision should not be made directly over the appendix or over the dullest region If it be so placed a number of adhesions will probably be encountered, and the demonstration of the peritoneal cavity might be difficult. The cæcum or the appendix might be actually adherent to the abdominal wall. The incising of the peritoneum should, therefore, he conducted with the very greatest care. It is well that the parietal cut should open the abdomen at a point just below the diseased area, and where no adhesions exist. 3. When the appendix and the cæcum are exposed, the area of the operation should be cut off from the general abdominal cavity by sponges. If this plugging with sponges be well carried out, no blood should enter the peritoneal space. 4. All adhesions should be divided by cutting; none should be "broken down." The latter measure is apt to tear the bowel, or, at least, to bare it of peritoneum. 5. The appendix should be lightly clamped close to the cæcum, and should be divided about half an inch from that intestine; it should not be secured by a simple ligature. The mucous membrane should be united by many fine sutures, or by a continuons suture; then the divided outer walls of the process should be brought together by a second row of sutures; it is practically impossible to bring the serous coats together. To still further secure the orifice, the stump of the appendix might be lightly attached to any adjacent surface of the peritoneum. 6. The abdominal wound should be closed; no drain is required.—*Med. Record*, Feb. 1, 1890.

On Catgut Infection.

Dr. C. Brunner, of Zurich (*Centblt. f. Chirg.*, 1889, No. 49), by experimental work on catgut derived from manufacturing sources, found that specimens prepared in sublimate solutions, as well as by Reverdin's dry heat process, were completely sterile, while those prepared with carbolic acid, chromic acid and juniper oil were capable of serving as means of successful cultivation of both spores and bacteria.

Experiments to determine the efficiency of different methods in use for disinfecting unprepared catgut derived from a known infected source (the small intestine of splenic rabbits) gave the following results: 1. After six hours' exposure to a 1 1000 solution of mercuric chloride, absolute freedom from susceptibility to germ culture was established. 2. After two hours' exposure

to dry heat (140°C.) the catgut became absolutely sterile. 3. After thirty-six hours exposure to juniper oil, the great majority of cultures showed numerous colonies. 4. Preservation in carbolic oil (20-100) after twelve days resulted in a germless condition of the catgut in each instance.—*Annals of Surgery*, March, 1890.

Bromide of Ethyl as a General Anæsthetic in Dental Surgery.

Dr. Ivan N. Drakin, in *Novosti Terapii*, 1889, No. 38, highly recommends bromide of ethyl as a general anæsthetic, eminently suitable for all dental operations of under fifteen minutes' duration the recommendation being based on 200 cases of his own. It is administered from an ordinary inhalatory mask, the average dose for producing narcosis being about half an ounce; complete anæsthesia follows within a minute and lasts about 15 minutes. The following essential advantages in comparison with chloroform and nitrous oxide are claimed for bromide of ethyl: 1. While paralyzing pathic sensibility the bromide leaves tactile one intact and does not affect consciousness to any considerable degree. 2. The pulse and respiration, as well a muscular tone, remain unaltered. 3. Vomiting occurs but very seldom (2 out of 200 patients). 4. Recovery from anæsthesia is rapid, easy and spontaneous. 5. Bromide anæsthesia is not accompanied by any unpleasant accessory phenomena (except habitual drinkers and hysterical persons, in whom recovery is followed now and then by some fleeting and slight excitement). 6. No assistants are needed. 7. The bromide is an entirely safe and harmless anæsthetic, provided an absolutely pure drug is used, since injurious preparations are inactive as anæsthetics, but may give rise to disagreeable and even dangerous accessory effects. The author always uses Merck's preparation.—*Annals of Surgery*, March, 1890.

Tetany Following the Extirpation of Goitre.

This neurosis as a sequel to total extirpation of the thyroid gland is very dangerous, thus differing from the other trouble which goes under the same name.

In 12 cases observed at Billroth's clinic, mostly women, 8 ended fatally, and the 12 cases were 23% of all his cases of total extirpation of the thyroid gland. Two cases became chronic. In 7 cases there was, besides the ordinary characteristic symptoms, an involvement of the muscles of the face, neck, larynx, diaphragm and abdomen, so that dyspnœa and even loss of consciousness occurred.

In the 2 chronic cases, of 6 and 9 years, the attacks were more frequent in cold damp weather. In the fatal cases death occurred in from 3 to 30 days, and in one case after 7 months.

The proof that only total extirpation of the thyroid gland causes tetany is furnished, according to the reporter, by the following facts: 1st. In 53 total extirpations the disease followed in 12 cases and after 109 partial operations it was never observed. 2d. From the results of experiments on animals made by Schiff, Wagner, Horsley and others, a comparison of human tetany following extirpation of the thyroid gland with that seen in carnivorous animals shows identical symptoms. Von Eiselberg recalled in this connection that the cachexia strumipriva and myxœdema presented analogous phenomena in the tetany of monkeys, and that in these animals an increase of mucine was found in the tissues. And he argues with Horsley that the function of the thyroid is to render mucinoid substances innocuous, as proved by the experiments of Wagner, who succeeded by injections of mucine in producing tetany in healthy cats. The apparently inconstant sequelæ of total extirpation of the thyroid in man, sometimes tetany, sometimes cachexia and sometimes neither, Eiselburg attempts to explain on the following grounds: 1st. That in man, contrary to animals, the operation is done for a pathologically altered gland. 2d. That an accessory thyroid is more common than was supposed. 3d. That notwithstanding total extirpation the disease returned in 7 cases and 4 of the 53 total extirpations in Billroth's clinic, only 11 patients were positively known to have withstood this operation without subsequent symptoms for a long time.

Eiselberg concludes that it is the duty of the surgeon to abstain from total extirpation of the gland at any price.—*Annals of Surgery*, March, 1890.—Dr. A. von Eiselberg, of Vienna, in *Centblt. f. Chirg.*, No. 49, 1889.

Œsophagotomy for the Removal of Foreign Bodies.

In the *Lancet* (London) F. A. Southam, F.R.C.S., gives the history of removal by œsophagotomy of a tooth-plate firmly impacted in the œsophagus, in one patient 8 inches from the teeth, and in another 12 inches. The procedure of removal was materially the same in each case, as was also the treatment following. After cutting down to and opening the œsophagus and removing the foreign body the superficial wound was sutured with silver, except at its lower end, where a drainage tube was inserted reaching to the œsophageal wound, no attempt being made to close the latter. For the first two weeks rectal alimentation alone was used, nothing being given by the mouth except a little ice and a boracic acid mixture (ten grains to the ounce) in ounce doses every four hours. By these means thirst was allayed and the wound, from which there was a constant discharge of frothy micro-purulent fluid, was kept sweet and clean, the boracic acid mixture washing it out from the bottom. At the end of two weeks, the discharge from the wound being very slight, the patients were fed with a stomach tube. On the twenty-fifth day, only a few drops of the boracic mixture escaping, milk was given by the mouth. The œsophageal opening was closed entirely on the thirty-eighth day in one case and on the thirty-fifth day in the other.

Mr. Southam draws the following conclusions on the subject: 1st. When the foreign body is of considera-

ble size and of irregular shape and when it is so firmly fixed as to resist all attempts at extraction through the mouth, œsophagotomy should be done at once. It has been shown by Fische that the mortality is only 15% when the operation is done within the first two days after the introduction of the foreign body; while if delayed till the third or fourth day it reaches 30%. 2d. When the foreign body is lodged in the cervical portion of the œsophagus it can be cut down upon without a guide introduced from the mouth. When in the thoracic portion of the canal and when the opening has to be made as low down as possible (as was found necessary in one of the above cases), a full-sized bougie will be found the best guide for cutting. 3d. If the margins of the œsophageal wound are clean cut and free from bruising, the wound may be sutured with fine catgut, care being taken not to include the mucous membrane; otherwise the wound should not be sutured. 4th. The wound should be frequently syringed with boracic or other antiseptic solutions, as the swallowed saliva acts on it constantly. 5th. Rectal alimentation is preferable to that by the stomach tube, as the latter necessarily irritates the wound. 6th. From all available statistics there have been 98 recorded cases of œsophagotomy with 23 deaths, a mortality of a little less than 25% [23½%].

Treatment of Tubercular Arthritis with Injections of Iodoform.

Dr. Fedor Krause (*Centralblatt f. Therapie*, January, 1890) has recently treated several cases of tubercular disease of the joints with injections of the following emulsion:

℞ Iodoform,	parts,	5.
Mucilage of acacia,	"	2.3.
Glycerin,	"	8.3.
Distilled water,	"	50.0.

The injections were practiced only on cases of severe tubercular arthritis in whom cure without operation seemed impossible. If an abscess of the joint existed the pus was withdrawn by means of a trocar, the cavity being washed out thoroughly with a 3% boracic acid solution. Through the trocar opening the iodoform mixture was injected, after which passive motion was used in order that the iodoform should be brought in contact with all parts of the articular surfaces. The injections are only slightly painful, but a rise in temperature for one or two days occasionally follows. The results, Krause claims, are good and the method is worthy of a more extended trial.—*Med. News*, Feb. 1, 1890.

Suturing an Intra-Capsular Fracture of the Femur.

Another case is reported from Italy in which Prof. Loreta has sutured an ununited fracture of the neck of the femur. The patient, who was æt. about 40 years, had suffered considerable pain in the joint, the fracture having occurred more than a year previously. A long incision was made behind the great trochanter, and the capsule of the joint exposed as though an incision was to be performed. The capsule was incised and the ends of the bone scraped to promote union. The fragments were then brought in close apposition with 12 metallic sutures, the ends of which were brought out of the wound, so that they might be removed later. The wound was thoroughly irrigated, after which a drain and the usual sublimate dressing were employed. The limb was kept at rest by means of an external splint and a few days after the operation the wires were withdrawn. A good recovery with a useful limb resulted. —*Illustrated Med. News*, Dec 14, 1889.

On the Symptoms of Chronic Obstruction of the Common Bile Duct by Gallstones.

Dr. Wm. Osler, of Baltimore, has an interesting and instructive article on this subject in the *Annals of Surgery* for March, 1890. He writes especially of a form of fever met with chiefly in chronic obstruction of the common bile duct by gallstones.

The fever is intermittent in character and cases present the following group of symptoms:

1. Jaundice of varying intensity, deepening after each paroxysm, and which may persist for months or even years.
2. Ague-like paroxysms characterized by chill, fever and sweating, after which the jaundice usually becomes more intense.
3. At the same time of the paroxysms, pains in the region of the liver, with gastric disturbance.

Dr. Osler believes that in a majority of cases this combination of symptoms is characteristic of the existence of gallstones in the common duct.

After recording a number of interesting cases the author speaks of the pathology, prognosis and treatment, and gives the following conclusions:

1. Chronic obstruction of the common bile-duct is often accompanied by an intermittent pyrexia, associated with a symptom-group of the greatest diagnostic importance.
2. This pyrexia is not usually the result of suppuration, as has been supposed, but occurs with a catarrhal cholongitis.
3. That it arises from the absorption of a ferment, produced in the ducts, is rendered highly probable by the discovery of micro-organisms, both in the catarrhal and in the suppurative cholongitis.
4. While recovery may follow, even after months, or even years, a fatal event is only too common.
5. A recognition of the importance of this intermittent pyrexia and its associated symptom-group, as diagnostic of obstruction of the common duct by gallstones, should, in the present condition of hepatic surgery, lead to more frequent operative interference in these cases.

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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SATURDAY, APRIL 12, 1890.

THE TIME FOR SURGICAL INTERFERENCE IN SEPTIC PERITONITIS.

In *Practice*, March 20, 1890, we find the answers of three well-known surgeons to the questions: When is the time for surgical interference in septic peritonitis, and how must we differentiate between the cases requiring it and those which do not? The questions are important and deserve careful consideration, and we present without comment the substance of the opinions given.

Dr. Hunter McGuire, of Virginia, has had but a limited operative experience in general septic peritonitis, but offers some opinions on appendicitis, a frequent factor in the production of septic peritonitis. As the operation for appendicitis is comparatively new and experience too limited, he does not think we can formulate definite rules about the time of surgical interference. When suppuration has taken place we should operate early; better too soon than too late. Circumscribed tenderness over the cæcum with frequent localized pain does not always indicate suppurative appendictis; such cases often get well permanently of themselves. We can afford to wait for urgent symptoms before using the knife, high temperature being a good indication of suppuration.

Dr. L. S. McMurtry, of Louisville, Ky., replies that peritonitis is, as a rule, septic, and should be regarded as symptomatic. When the extent of the peritoneum involved is limited, with but slight constitutional disturbance, all that may be necessary are, rest, saline purgatives and local soothing applications, the case not going on to suppuration. When the inflammation is severe, extensive and spreading, and there is marked constitutional disturbance, we should open the abdomen and remove the source of infection when the septic peritonitis is not arrested in its incipiency by purgation, and goes on to suppuration. With systemic infection there should be no hesitation about operative interference, which should be prompt and aggressive. In such a condition an expectant treatment is idle, and protracted delay is usually fatal.

Dr. W. Gill Wylie, of New York, says that in local peritonitis, followed by severe general symptoms, if signs of tumor or exudation can be definitely made out, and the symptoms point to the formation of pus, the peritoneal cavity should be opened, washed and drained.

If the general symptoms are severe, and no localized center of pus be made out, a median exploratory incision should be made.

In perityphlitis the operation should be done before the fourth day—the earlier the better—so as to prevent the chance of rupture and general septic peritonitis which, as a rule, is attended by so much shock that no operation can do any good. In all cases of general peritonitis an exploratory incision should be made as soon as possible after trying to lessen the tympanites. Even if it does no good it will not increase the danger much.

In typhlitis it will soon become the general practice to operate early in all well-managed cases. What I especially advocate is early operation in cases of general peritonitis, both those starting from local peritonitis and those due to the free escape of septic matter into the peritoneum. The incision should be free, and the cleansing and drainage of the peritoneal cavity should be of all things thorough.

THE PATHOLOGY OF CHOREA

A paper on this subject by Dr. E. D. Fisher, read before the New York Neurological Society, (*Bost. Med. and Surg. Jour.*) was the cause of calling forth a number of opinions. Dr. Fisher believes that the principal phenomena of chorea were explained by Dr. Gorrod's theory. The latter affirmed that a temporary increase of connective tissue in the brain was observed in acute chorea of rheumatic origin. The presence of the connective tissue produced motor disturbance by irritation of the cortical cells or by interference with the regular transmission of motor impulses.

Not only rheumatism, but other blood dyscrasiæ may take part in the production of chorea.

In acute chorea there are found general hyperplasia of the brain and cord, blood extravasations, embolism, thrombosis and dilatation of the smaller vessels. In chronic chorea these conditions have caused softening, secondary degeneration, and a fine general sclerosis of the brain. The marked feature of chorea is a loss of inhibition, and in the majority of cases there is more or less mental defect, the muscles most severely and primarily affected are those under cerebral control, and for these reasons the seat of the lesion primarily would seem to be in the brain. Thrombosis of the cerebral sinuses and veins

in chlorosis with, in some cases, extravasation of blood, local cerebral anæmia, softening, secondary degeneration and sclerosis would seem to be a not uncommon factor in the causation of chorea.

It seemed, therefore, that chorea was as amenable to treatment as the diathesis which induced it, while the prognosis of chronic chorea became unfavorable if the theory be accepted that it was due to degenerative changes in the brain, and the possibility of cure by the removal of peripheral irritations, such as eye strain, was rendered doubtful.

Dr. Gray did not accept Dr. Fisher's view of the pathology of chorea, and thought that the results of Dr. Dana's recent pathological researches were nearer the truth. He believed that chorea could sometimes be relieved by peripheral measures, and cited cases that had recovered in a few days by mere change of residence from the city to the country. He had also tried circumcision with considerable improvement.

He believed there was a relation between chorea and barometric disturbance.

Dr. Dana believed the disease to be a species of fright neurosis, affecting vasomotor centers and causing cerebral hyperæmia. Sometimes, of course, gout or rheumatism played a part in the etiology. He thought Dr. Fisher's ideas applicable to a certain class of cases, but we should distinguish between Lydinham's and Huntington's choreas, post-hemiplegic chorea, tic, etc.

Dr. Thomson believed in the humoral pathology of chorea. Rheumatism does not invariably show itself in articular or muscular symptoms, and he had observed many cases with cardiac manifestations alone. There was no reason why the rheumatic poison might not at one time of life manifest itself by cardiac symptoms and at another time by articular. He had frequently discovered endocarditis in the chorea of childhood, or a rheumatic element of some kind in them or their relatives, and he thought the rheumatic poison had a selective affinity for the cerebral cortex. He would treat all cases of chorea, even those with local manifestations only, as of humoral origin. He believed it possible that the poison might produce sclerotic changes in the brain.

Dr. Fisher, in closing the discussion, stated that he could not agree with Dr. Thomson as to the predominating influence of rheumatism in the production of chorea. He believed with Dr. Gray in the good results of change of air, and of the removal of local irritation in some cases, but in chronic chorea such means did not cure the disease, though they improved the general nutrition.

The Influence of Reduction of Temperature upon the Exchange of Gases.

The various contradictory teachings about the regulation of the temperature, which are being promulgated even at the present day, influenced Dr. A. Loewy,[1] of Berlin, to endeavor to decide this question by a fresh series of experiments, which he conducted in Zuntz' laboratory, with the aid of 16 different individuals whose ages ranged from 21 to 65 years. For want of suitable calorimetric methods he determined the heat production by the respiratory interchange of gases, using the breathing apparatus of Zuntz and Geppert. The experiments were divided into two classes; in one he determined the amount of the exchange of gases in persons warmly clad, then nude, and next when sprayed with water, alcohol and ether; in the other class baths were utilized, which were at first warm and were then gradually cooled down, or were cold in the beginning, and were afterward heated. The amount of the exchange of gases allowed a conclusion to be drawn as to the amount of heat production, while the simultaneous observation of the body temperature allowed conclusions to be drawn as to the regulation of the heat as well as to the various factors involved, and the limits of their action.

Loewy arrived at the following conclusions: 1. Nature's means of regulating the heat of man are not complete, for by lowering the temperature strongly there is without exception a reduction of the body temperature; when there is a moderate decrease of warmth there is often a reduction of the body temperature, but in a few cases this remains constant. 2. The skin is the most important factor in the conditions which regulate the heat of man. Every stimulus calls forth a contraction of the skin and its vessels and thereby lessens the amount of heat given off. 3. The production of heat (exchange of oxygen and carbon dioxide) remains unchanged so long as there are no muscular contractions, whether tonic or clonic, and therefore plays no part in the regulation of temperature. 4. Muscular contractions can be avoided for some time, leading to different degrees of cooling, and even to marked reduction of the body temperature. 5. Marked reduction of temperature produced by the avoidance of muscular action are often terminated by uncontrollable and involuntary muscular spasms, or "shivers." 6. The increased production of heat through this means may reach 100% and probably higher, but at the same time it is unable to prevent further lowering of the body temperature. 7. This involuntary muscular action plays but a slight part in the regulation of temperature, for the artificial means available for this purpose (clothing, artificial heat, voluntary muscular exercise) are much more effective.

[1] Pflueger's Arch.—Deutsch. Med. Zeit.

Variations in the Knee Phenomenon.

Dr. W. P. Lombard has made many thousand experiments on himself regarding the variations of the normal knee reflex. These he accomplished with the aid of a hammer so constructed that the force of a given blow upon the patella could be calculated, and an apparatus which automatically registered the force of the resulting knee reflex. He found that the extent of the

reflex action is constantly undergoing changes, and in order to obtain a correct idea of the activity of the reflex it is necessary to take the average of the results of twenty or more different attempts. The knee reflex varies greatly at different hours of the day; it is strongest after breakfast, and much weaker in the evening and at night. The diminution in force as the day advances is very irregular; in general, however, the reflex is greater after each meal. It varies considerably, also, on different days.

These variations are due not only to changes in the muscles and nerves implicated, but depend to a greater extent upon changes in the activity of the central nervous system, be it in whole or in part. The knee reflex is diminished by fatigue, hunger, sleep, and a relaxing state of the weather, since they diminish the activity of the entire nervous system, while rest, food, bracing weather, and the waking state increase the average knee reflex. These influences explain the variations of the knee reflex in the course of the day, while the numberless changes which take place with but small intervals are to be referred to temporary changes in the activity of certain parts of the brain and spinal cord. For example, Lombard found that the knee jerk was increased by voluntary movements of other parts of the body, and strong emotions (such as calling to mind a stirring poem, or listening to an impassioned strain of music); this takes place even in sleep, if the dreams be lively. In a similar manner sensory irritants, such as itching of the skin, an uncomfortable posture, the pressure of folds in the clothing, while not strong enough to produce visible reflexes, undoubtedly increase the knee reflex. In general, therefore, it can be said that the knee reflex is increased or diminished by whatever increases or diminishes the activity of the central nervous system, and that it is even more markedly affected by changes in the activity of the mechanism of the brain and cord.

The strength of the reflex was measured by the movement of the foot, every excursion of which was automatically registered. With an ordinary stroke it varied from nil to 133 mm. ($5\frac{1}{4}$ inches).

College News.

This is the time of the year when the college gossip-pots boil with excessive vehemence; when the unexpected is looked for with ever watchful interest.

Amongst the recent happenings that are beyond the stage of rumor we may mention that Dr. J. S. B. Alleyne has resigned his position of Dean, and of Professor of Materia Medica at the St. Louis Medical College, and Dr. H. H. Mudd has been elected Dean. Dr. J. B. Johnson has also resigned from the Chair of Practice of Medicine.

Drs. E. E. Furney, Robt. Funkhouser, D. C. Gamble and E. Chancellor have resigned from the Beaumont College.

The College of Physicians and Surgeons has been the seat of another eruption. The strengthening of its forces by the acquisition of fresh talent, which was noted in the Review a year ago, has been short lived; disagreement has disarranged all the fond dreams of prospective beatitude that have so lovingly circled around the precincts of the medical star of the North Side, and the heavenly visions that were dwelt upon so felicitously in a late issue of the College organ, *The Clinique*, have deen dissipated into thin air.

Drs. Y. H. Bond, J. G. Carpenter, I. N. Love, J. R. Lemen, Pinckney French, C. Barck and Hugo Summa have all severed their connection with the College, and Dr. C. H. Hughes, who was on the point of joining the faculty, gave notice of his determination not to do so, when he heard of the action taken by the above named gentlemen.

The clause making the election to the professorships an annual necessity, and subject to the will of the executive committee (?) was the *casus belli*.

MEDICAL ITEMS.

A "Cynophile" is the latest name for the "dog-loving" anti-vivisectionist.

The Cost of Bodies.—A Philadelphia paper states that dead bodies can be bought in that city for five dollars apiece, delivered.

A New Medical College.—The Marion Sims College of Medicine is to be the name of a college now in process of development.

One on Wanamaker.—A new Western post-office is named Malaria. Perhaps the mail service is intermittent.—*Phys. and Surg.*

Removal.—Dr. Frank A. Glasgow has removed his office from Page Avenue to Washington Flats, S. E. corner Grand avenue and Olive street.

In Diabetic Coma, Dr. Dickinson has shown that large intravenous injections (100 oz.) of a saline solution restores consciousness temporarily.

An Echo From the Past.—The practice of the healing art should be limited to those persons that be profound, sad, and discrete, groundly-learned and deeply studied in physic.—*A Statute of Henry VIII.*

The Sweat of Phthisical Patients contains tubercle bacilli and is contagious, according to the experiments of Dr. Eugenio de' Mattei. The bacilli are not exuded from the skin, however, but get upon the skin and so into the sweat, from dried sputum.

A Dangerous Hugger.—There is said to be a girl in Genesee County, in this State, whose strength is so

great that when she hugs a man she always breaks one or more of his ribs. When she drives with a young man she is always asked to take the lines.—*N. Y. Med. Record.*

Death From Fright.—An extraordinary case of death from fright is reported from Rangoon. It appears that a young Eurasean lad was crossing the road, when the rumbling of the wheels of a mail car frightened him, and he dropped down lifeless, the cause of death being syncope.

The Medical College of South Carolina.—The trustees and faculty will hold an election on or about April 15 for the purpose of filling the vacancy existing in the chair of pathology and practice of medicine. The three years' course of instruction as necessary for graduation has been adopted, to begin with the matriculants of 1890.

An International Congress of Female Physicians.—Some of the medical women of Chicago are agitating the question of organizing an international congress of women physicians, to be held during the World's Fair in 1892 or 1893, and a committee is preparing a circular to be sent to the women physicians of all nations, which will fully outline the plan of work.

Resolutions were adopted at a recent meeting of the Hennepin County Medical Society, Minneapolis, stating as the opinion of the society that the health department was not, as a rule, "justified in visiting, examining and passing opinions upon private patients, and when, in exceptional instances, such examinations may be necessary, common decency demands that it be done in the presence of the attending physician."—*Boston Med. and Surg. Jour.*

The Soja Bean.—No vegetable product contains as much nitrogen and nutriment in small bulk as the Soja bean (glycerine hispida). It has been much used as a part of the diet in diabetes, as it contains only 6% of starch, with 36.67% of azotized matters, and 56.60 of matters. Bread is made from it, porridge or pudding, artificial milk, sauce, etc. There is a special advantage in this food in renal affections and some gastric disorders. This bean may in future take the place of animal food for the poor workingmen of Europe.—*Medical Age.*

The Health Department Appointments.—The following is a list of successful aspirants for the position of assistant physician at the City and Female Hospitals, determined by competitive examination: At the City Hospital, Drs. H. W. Bond, Geo. E. Alvord, J. C. Falk, Wm. S. Barker and F. W. Sharpe, of St. Louis; C. H. Christian, of Guthrie, Mo.; H. L. Banks, of Emerson, Mo.; David Nowlin, of Montgomery City, Mo.

At the Female Hospital, Drs. E. B. Studer, of Peoria, Ill.; H. G. Rucker and J. W. Reber, of St. Louis. Thirteen unlucky candidates failed to pass.

Salolized Collodion for Rheumatic Joints.—The following prescription, to be used as an external application in acute rheumatism, is quoted by the *London Medical Recorder:*

℞ Salol, } of each, - - - parts, 4.
Ether, }
Collodion, - - - - " 30.—M.

Test for Exalgin.—According to the *American Journal of Pharmacy*, exalgin may be distinguished from acetanilid and phenacetin by the following simple test: One grain is dissolved in 2 cc. of chloroform and 20 cc. of petroleum ether added. If the exalgin is unadulterated the solution will remain clear. Moreover, phenacetin requires 20 cc. of chloroform and acetanilid 6 cc. for solution.—*Med. News.*

A Newly Reported European Epidemic.—According to cablegrams from the Continent a new plague has sprung up, called nonna or noma, in Russia, Austria and Italy. It bears no resemblance to any malady of recent times. The marked feature of the attack is a stupor or prolonged sleep, of twenty-four to forty eight hours' duration. This may come on suddenly in the midst of apparent good health or may be preceded by two or three days of insomnia, headache and malaise. Fatal cases have occurred, the patient never awakening; or the stupor passes off and recovery follows. Whether the disease is contagious, or otherwise, is not yet known.—*J. A. M. A.*

Prosecution of Homœopathic Druggists.—Messrs. Boericke & Tafel have recently been on trial in New York City for alleged violation of the law requiring all apothecaries to be registered and licensed. They have two places of business in the city which are conducted as homœopathic pharmacies. The prosecution against them was brought through the instrumentality of the Board of Pharmacy, whose counsel consented to the dismissal of the case after a brief argument by the defendants to the effect that it would be a hardship to compel a homœopathic chemist to appear before a board of examining pharmacists, and that it would probably result in driving out of the city nearly all homæopathic druggists.

Information for Medical Students in Berlin.—Last year the Young Mens' League of the American Church in Berlin announced that it would gladly assist any young men who were coming to Berlin to attend the University, or any of the various schools of art and music, and who desired information in regard to studies, expenses, rooms, and boarding places. Quite a number took advantage of this offer and received valuable assistance. The League is still ready to be of service to new comers, and so would make the same announce-

ment this year. Application by letter or in person may by made to W. H. Manss, Bülowstr., 18, I; to H. F. Gilt, Wilhelmstr., 118, III, or to C. M. Clark, Teltowerstr., 23, I. This special committee will act till August 1, 1890, after which date inquiry should be made for the president of the League at the Y. M. C. A. building, Wilhelmstr., 34, Hof.—*Med. Record.*

Universities of the World.—Norway has 1 university, 46 professors and 880 students; France has 1 university, 180 professors and 9,300 students; Belgium has 4 universities, 88 professors and 2,400 students; Holland has 4 universities, 80 professors and 1,600 students; Portugal has 1 university, 40 professors and 1,300 students; Italy has 17 universities, 600 professors and 11,140 students; Sweden has 2 universities, 173 professors and 1,010 students; Switzerland has 3 universities, 90 professors and 2,000 students; Russia has 8 universities, 582 professors and 6,900 students; Denmark has 1 university, 40 professors and 1,400 students; Austria has 10 universities, 1,810 professors and 13,600 students; Spain has 10 universities, 380 professors and 16,200 students; Germany has 21 universities; 1,020 professors and 25,084 students; the United States of America has 360 universities, 4,240 professors and 69,400 students; Great Britain has 11 universities, 334 professors and 13,400 students.

CORRESPONDENCE.

NEW YORK LETTER.

New York, April 4, 1890.

At the March meeting of the New York County Medical Association, Dr. A. P. Dudley presented, with the specimens, the report of a very interesting case of extra-uterine pregnancy in which he successfully performed laparotomy. There was nothing abnormal about the case until about a month and a half before the operation, which was performed in August last. On July 10 the patient, who had previously felt some pain and sense of heat on the right side of the pubis, and believed herself to be pregnant, had a slight flow of blood from the vagina; and she continued to have a little show every day until the 23d, when, while engaged in lifting a small trunk, she was suddenly seized with a frightful pain in the right side and back, and was soon in a state of collapse. The nature of the case was recognized but she continued to suffer (the evidences of localized peritonitis being present) until August 1, when, while still confined to bed, she had another attack of the most intense pain, and in a few moments was in such profound collapse that she was thought to be dying.

This attack was also followed by severe peritonitis, but she rallied from this, and Dr. Dudley first saw her in consultation, on August 22. Without difficulty he made a diagnosis of extra-uterine pregnancy occupying the right half of the pelvis and pushing the uterus toward the left; and he expressed the opinion that the sac had ruptured at the times of the sudden pain and collapse with the result of causing the peritonitis noted. He advised an immediate operation for the removal of the sac, but as no decidua had been discovered and the mass seemed to merge into the uterus, Dr. George T. Harrison was also called in consultation. He confirmed the diagnosis, but advised waiting for a few days before resorting to laparotomy. Shortly after this the patient passed a large quantity of membranes, and as this positively decided the diagnosis it was decided to operate at once.

On August 27, Dr. Dudley made an abdominal section sufficiently large to introduce his hand. Numerous adhesions were encountered, and the fœtus was found to have escaped from the anterior side of the tube and to be lying between the bladder and the cæcum. The fœtus was readily removed, but the attempt to remove the placenta, which was very large and attached to the posterior part of the tube and the broad ligament, was attended by a profuse hæmorrhage. This was arrested by long clamp forceps applied to the broad ligament, and the ovary and tube with its placenta were then quickly torn away and extracted. The pedicle was ligated with silk, cut short, touched with pure carbolic acid, and dropped back. The abdominal and pelvic cavities were thoroughly washed out several times with very hot water, and then sponged thoroughly dry. The abdominal incision was closed with catgut and with ligatures, and no drainage tube was used. The patient made a good recovery, and still remains perfectly well. Dr. Dudley thought she must have been about three months pregnant when the sac ruptured, and that the fœtus must have lain for nearly a month in the abdominal cavity when it was removed.

He said that as far as he was able to judge the weight of evidence at the present time is in favor of a radical operation as soon as the diagnosis can be made out. He invited discussion on the points, How early is it possible to make a diagnosis with any degree of certainty? Is there any positive sign to guide us except the appearance of decidual membrane? The diagnosis having been made with reasonable certainty, should we delay or operate at once? Should a drainage tube be used after the operation?

Prof. Wm. T. Lusk said that he had recently reported two cases in which he had performed laparotomy, and that in either of them it would have been impossible under ordinary circumstances to make a diagnosis before rupture. He had in the last few years changed his views very considerably on this subject, and he now believed that the number of cases in which we could diagnosticate extra-uterine pregnancy in advance was really very small. Formerly the profession had not at all appreciated how extremely common these cases of extra uterine pregnancy really are. There were a certain number of them in which the diagnosis was comparatively easy, the fœtus getting down between the

folds of the broad ligament. In such cases the use of the Faradic current had proved successful in nearly all the instances in which it had been employed. He did not mean to say, however, that he might not resort to laparotomy in such a case himself. This operation when performed under favorable circumstances was not ordinarily attended with any great amount of danger; but unless all the recognized appliances for its successful performance were at command, and unless the operator was accustomed to this kind of work, laparotomy was just as fatal now as it ever was. He did not think it was right, therefore, to deny the use of electricity in such cases; and he had certainly often seen this means of treatment attended with the most favorable results.

After some remarks by Dr. Janvrin, Dr. Dudley said that he believed with the latter that it was possible to make the diagnosis quite early, especially if we had present a class of symptoms similar to those met with in the case he had reported. He did not believe it was possible, however, to make an absolutely positive diagnosis until the decidua appeared. Still, without this we could make a diagnosis sufficient to warrant either the use of electricity or a resort to laparotomy. He believed in the use of electricity to stop the development of the fœtus, but at the same time thought that most of the cases would come to laparotomy in the end. In experienced hands, and performed with all the requisite precautions, he did not think the latter really any more dangerous than electricity. With regard to the drainage tube, he said that it had been his practice never to use this in any case unless there was free pus present.

The last meeting of the Section on Practice of the Academy of Medicine was devoted to a general discussion on phthisis. On this occasion Dr. S. S. Burt read a paper on "Pulmonary Consumption in the Light of Modern Research," in which he gave a very good *resume* of the opinions now held by the leading scientific authorities on this subject. Prof. A. Jacobi was the first speaker in the discussion, and he devoted his remarks principally to the topic of heredity. He took the ground that there is probably a direct hereditary transmission of the disease in a considerable number of cases, although he acknowledged that this was a matter exceedingly difficult to prove. Among the points which he advanced in favor of this view were that it had been the opinion held for thousands of years, and that Virchow had shown that various drugs and spyhilis, as well as other diseases, could be transmitted to the fœtus in utero through the placental circulation. Moreover, in a case which he had himself seen a number of years ago a seven months' fœtus, which was born dead, showed the presence of tubercles in the spleen and other organs, and an instance had been recorded by one authority in which tubercles had been found in the body of a still-born calf, whose mother was tuberculous.

All the other speakers who touched upon this topic opposed the doctrines of direct hereditary transmission. Dr. E. F. Brush, who has devoted much attention to this subject, believed it to be an undisputed fact that as yet no authenticated instance had ever been recorded in which tuberculosis had been transmitted from a parent to a living offspring. In the case reported by Dr. Jacobi, as in that of the calf mentioned by him, the offspring was born dead. Personally he had examined a great many calves from tuberculous cows, and he had never yet found evidences of tuberculosis in a single one of them.

Dr. R. C. M. Page, who was until recently Chairman of the Section on Practice, thought that any condition or combination of circumstances which would produce the requisite degree of lowered vitality in any given case would furnish a favorable soil for the reproduction of the tuberculous virus. This lowered vitality might be either inherited or acquired, and the inherited predisposition to lowered vitality would serve, other things being equal, to furnish a more favorable soil for the proliferation of tubercle bacilli than such a condition acquired in a person previously healthy.

Dr. Andrew H. Smith said that he had had the opportunity of observing many cases of phthisis among the population of rural districts, and he believed that in such regions the prevalence of the disease was due, not so much to heredity as to the environment in which the people lived. The sleeping rooms were usually very small, and two persons usually slept in each. The admission of air into the house was regarded as the greatest element of danger to health, and the entire winter was apt to be passed with scarcely any ventilation. Tuberculosis, having once entered a family, was extremely likely to carry off a considerable number of its members in succession, owing to the fact that on account of so few changes being made in the household appointments from year to year, the tuberculous virus was readily retained indefinitely about the premises. One great benefit resulting from the discovery of Koch, he thought, was that we were now in a position to say to our patients that there was a positive danger from contagion in this disease, and we had, therefore, a very strong argument with which to urge the enforcement of suitable precautions against it. He believed it was a low grade of tissue cells, rather than tuberculous disease itself, which was transmitted by tuberculous parents to their children; and hence, it was of the utmost importance that we should begin early in our efforts to improve their nutrition and strengthen their vital powers.

Prof. Wm. H. Draper was inclined to take a very discouraging view of the situation as regards the future. If anything, he thought, Koch's discovery only seemed to have complicated matters for us. The action of the microbe was, he said, not as yet satisfactorily explained, and we seemed as helpless as an infant against it. We were told by some that the bacilli secrete ptomaines, which do the real mischief in tuberculosis. Others, again, told us that in order to be efficient as a cause of disease the bacillus must meet and combine with some other organism, in regard to the nature of

which nothing is at present known. As regards treatment, he believed that we were in exactly the same position as before the discovery; but he did acknowledge that something had perhaps been gained in the matter of prevention.

Dr. J. W. Roosevelt said it seemed to him that the most important thing for us to remember in regard to the "light of modern research," as far as it concerned consumption, was that it is as yet a faint and uncertain light—a dawn, as it were, which, though it promises the sun, gives but a dim, most obscured view. The proof of the bacterial origin of the disease, while it had led us a step onward, should not change our practical ideas of the disease, save as regards the one point of prophylaxis. The destruction of expectoration was easy, and there was no more reason for not destroying the bacillus when we could than for keeping strong poison on hand within easy reach of every child, and in a place where it was likely to get into the family food. The absurdity of so-called antiseptic treatment was now pretty well understood, the acme of preposterousness having been attained when it was proposed to kill the bacilli by means of gaseous enemata—to "boost" them out, as it were. In speaking of the hot air treatment, he said it was hardly conceivable that any one should suppose that the air within the lungs could be heated much above 100°. If it were, the whole body temperature would rise proportionately, since all the blood had to pass through the lungs. Moreover, the actual amount of air inspired and exhaled was very small, compared with the amount of residual air. The amount of heat lost in merely passing through the upper air passages and larger bronchi must be enormous; for moist tubes with a large surface surrounded by a moving fluid at above 100° would lower the temperature of an immense bulk of air. If the temperature of the air in the lungs should be raised sufficiently to kill the bacilli, it would, without doubt, involve coagulation of albumen in the body. In organic chemical compounds, however, he thought we might perhaps hope that something would be found which would increase the power of blood serum to kill microbes, since there was already reason to believe that the blood serum possesses a certain quality which, for a short time, renders it capable of destroying the bacilli. On the whole, it was his opinion that the discovery of Koch had in all probability given us a basis upon which there would in the future be built up a successful treatment, curative as well as prophylactic.

At the second annual commencement of the medical department of the university, there were 160 graduates, and at that of Bellevue Hospital Medical College, 144. The former was held at the Metropolitan Opera House with a considerable flourish of trumpets in more senses than one, the Seventh Regiment band furnishing the music on the occasion; while the latter, as has been the case for the last few years, was held privately at the Carnegie Laboratory, one of the college buildings. It was followed, however, by a very enjoyable banquet at the Hotel Brunswick, the Faculty offering the graduating class their choice of a public commencement or a big dinner, with private commencement exercises.

TREATMENT OF MASTITIS.

MEXICO, MO., MARCH 30, 1890.

EDITOR WEEKLY MEDICAL REVIEW. I have noticed lately quotations from Dr. Howe on the treatment of mastitis. I wish to state the mode I have used for the last six or seven years, invariably with marked success. I do not remember where I obtained it, and never since I commenced its use have I had need for the lance. Even in cases where I have thought it impossible to prevent the formation of pus, I have been able to succeed with it.

Simply use carbonate of ammonia (ʒij), boiling water (℥viij). I saturate in this solution a flannel bandage three inches wide and two feet long, and apply to breast, covering this with oil silk. Solution is used as hot as can be borne, and is renewed every two or three hours. Relief will be derived from the first application.

If this shall be as useful to others as it has been to me, I shall be well paid.

J. R. FRITTS.

SOCIETY PROCEEDINGS.

MEDICAL ASSOCIATION OF THE MISSOURI VALLEY.

Stated meeting, March 20 and 21, 1890, at St. Joseph, Mo. The President, Dr. J. M. Emmert, in the chair, and Dr. H. W. Loeb, Secretary, *pro tem.*

Dr. Daniel Morton, St. Joseph, read a paper (see page 281) on

THE ALKALOIDS IN DISEASES OF CHILDHOOD.

DR. D. L. SCHOOLER, DesMoines, Iowa.—The title of the paper limits the subject largely to children; I have had some experience with alkaloids in the adult as well as in children. I am satisfied that the practice of medicine will be largely revolutionized by this alkaloidal method of administration. There are so many drugs that contain several different alkaloids, that a great many prescriptions are like the shotgun prescriptions of the eclectics. Sometimes the alkaloids must antagonize each other in such cases.

One great drawback to their use will be the objections raised by some that it smacks of homœopathy. Again, there are many of the claims put forth by the Burggraevians which are plainly vagaries. They exaggerate largely in their reports, and always manage to work in something derogatory to the general profession.

DR. BRANSFORD LEWIS, St. Louis.—I think that Dr. Morton is entirely level-headed in his views; this is a

most satisfactory mode of administering medicines, especially to children. They take the alkaloidal granules without the slightest hesitation, when they would rebel in the most vigorous manner against any other preparation of the drug. I do not believe that Dr. Morton would limit this method to the treatment of children; I suppose he wished simply to show its especial applicability in these.

Dr. V. H. Coffman, Omaha.—This subject is one of the greatest importance, to us and to the laity. The writer is correct in advising the infinitesimal quantities to children—the homœopath may drive us to adopt the method of giving a minimum quantity to get the quality, but I doubt whether it will be beneficial. We have but to refer to the mineral waters, with which we always get better effects than with the stronger artificial waters.

Dr. H. W. Loeb, St. Joseph.—When, about two years ago, Dr. Morton told me that alkaloidal therapeutics, I was surprised that so much had been done; since then I have studied the subject some and am convinced of its utility. I think that the golden age of therapeutics will be reached when from every drug may be extracted its alkaloids, and these are administered for their definite effects.

Dr. Morton.—My principal object in presenting the paper was to bring the matter before the society. I hear very little of their use in this country. Dr. Schooler hit the nail on the head when he said that it offered an improved method of administering drugs. The alkaloids as put up do not contain infinitesimal doses; and as to its resemblance to homœopathy, if the objecting patient will allow you to place a little granule of aconitine on his tongue, he will be convinced of his error in a short while.

Dr. Barton Pitts, St. Joseph, read a paper on

Trachoma.

The necessity of studying this disease and giving to it the attention which it deserves, may be seen by one trip through any of the eleemosynary institutions. That it is a contagious disease is demonstrated by the fact that it is observed in three generations of families. The general notion of the means of its prevention is based on the views, prevalent since 1882, that it is due to the specific trachoma diplococcus. There may be metamorphobic changes, inflammatory complication, etc., that may enter into the question of the etiology. It is known that the introduction of the secretion into a healthy eye gives rise to the disease. Its diagnosis is generally made carelessly, and it stands in the same relation with other eye affections as the diagnosis of malaria does in general diseases. Little transparent bodies which occur in normal conjunctivæ are sometimes called trachoma.

At the head of the list of curative measures stands sulphate of copper, or bluestone; but when it is used in the early or acute stage, it is probable that it does more harm than good. The reader was in the habit of cleansing the conjunctiva with an antiseptic wash of bichloride of mercury, then massage with yellow oxide of mercury, 20 grains to the ounce. Expression, or squeezing out of the fluid in the granulations had been one of the most valuable aids; it afforded a cure without the destructive atrophy of the conjunctiva.

Dr. T. E. Potter, St. Joseph.—Some one has said, "teach me how to cure trachoma and I shall have all I want to know in medicine." That shows the obstinacy of the affection. This subject is left too much to the opinion and study of the specialist; if the general practitioner would treat the cases in their incipiency, many eyes would be saved.

Dr. Gapin, Omaha, said that the contagiousness of the affection deserved especial consideration, on account of the great suffering and loss of usefulness on the part of those affected which it entails. As a health officer, I feel that I should like to flood the community with circulars in regard to its prevention.

Dr. Summers advocated the operation of excision of the palpebral folds of the conjunctiva.

Dr. Grant Cullamore, Atchison, Kas., agreed with the essayist. The papillary hypertrophy that is often met with simulates very closely this true trachoma. In treating a case, he found it well to always allow the conjunctiva to recover from the previous treatment before squeezing out again.

Dr. W. C. Tyree, Kansas City, spoke of another operative procedure, that of canthoplasty, slitting of the outer canthus and stitching in the conjunctiva. This lessens the friction on the cornea and will conduce to a cure in many cases.

Dr. Pitts, in closing, said that his object in taking up the subject was not to enumerate all the different remedies used for the treatment of the affection, but simply to mention those which had done him most service, and to mention means of radical cure.

[to be continued.]

SOCIETY NEWS.

TENTH INTERNATIONAL MEDICAL CONGRESS.

To be Held in Berlin, August 4 to 9.

The Committee of Organization of the Tenth International Medical Congress, R. Virchow, President; E. von Bergmann, E. Leyden, W. Waldeyer, Vice-Presidents; O. Lassar, Secretary General, have appointed the undersigned members of an American Committee for the purpose of enlisting the sympathy and co operation of the American profession.

We are assured that the medical men of our country will receive a hearty welcome in Berlin. The Congress promises to prove of inestimable value in its educational results, and in securing the ties of international professional brotherhood. It is most important that the American profession should participate both in its labors and its fruits.

Delegates of American Medical Societies and Institutions, and individual members of the profession, will be admitted on equal terms. The undersigned, therefore, beg to express their hope that a large number of the distinguished men of our country will appreciate both the honor conferred by this cordial invitation and the opportunity afforded us to fitly represent American medicine.

The Congress will be held at Berlin, from August 4 to 9.

The arrangements in regard to a few general meetings and the main scientific work, which is delegated to the sections, are the same as in former sessions. A medico-scientific exhibition, the programme of which has been published a few weeks ago, is to form an ingredient part. It is to the latter that the Berlin Committee is very anxious that both the scientific and the secular press should be requested to give the greatest possible publicity.

The office of the Secretary General is Karlstrasse 19, N.W., Berlin, Germany.

S. C. Busey, Washington, D. C.; Wm. H. Draper, New York; R. H. Fitz, Boston, Mass.; H. Hun, Albany, N. Y.; A. Jacobi, New York; Wm. T. Lusk, New York; Wm. Osler, Boston, Mass.; Wm. Pepper, Philadelphia, Pa.; J. Peyre Porcher, Charleston, S. C.; J. Stewart, Montreal, Can.

SELECTIONS.

THE NON-OPERATIVE TREATMENT OF HÆMORRHOIDS.

The treatment of internal hæmorrhoids may be discussed under the two heads of operative, and non operative, or palliative.

The non-operative or palliative measures are, perhaps, most resorted to by the ordinary practitioner. They do not, in severe cases, very often effect a cure, but in recent cases, before structural changes of any great extent are brought about, they are, if persistently and faithfully carried out, productive of much good, and greatly relieve the suffering of the patient afflicted. Astringent washes, ointments, laxatives, enemata, hot sitz baths and suppositories all have their place and use as palliative measures. Every physician is familiar with the therapeutic uses and mode of action of the above-named agents, and it would be out of place and a waste of time for me to discuss them in detail at this point.

One thing, however, that must be cautiously guarded against, in the palliative treatment of hæmorrhoids, is constipation. If this condition is allowed to prevail, all efforts at palliation of the trouble will be in vain. This condition acts as a great evil in hæmorrhoidal troubles, by compressing the hæmorrhoidal veins, and it should be obviated and removed by such of a combination of medicine, exercise, and regulated diet, as will secure at least one soft unirritating passage of the bowels daily.

Among the astringents which may be useful as palliative measures we find tannin, alum, zinc sulphate, acetate of lead, carbolic acid and extract of hammamelis. These different agents are used in various combinations, and of different strengths according to the indications to be met in individual cases. Among the drugs which are useful in suppositories we may mention opium, cocaine, belladonna, iodoform and bismuth. The two last named, combined with cocaine, have given much satisfaction. It should be borne in mind that washes containing any drug should not, as a general rule, be more than one-third as strong as ointments containing the same substance.

The object to be attained by the use of any astringent wash or ointment is to get a mild astringent effect, instead of an irritation which will produce expulsive efforts on the part of the rectum.

If the above means are intelligently applied, and the patients kept for some time in the horizontal position, much may be done to mitigate the sufferings of those patients who cannot, or will not, submit themselves to the operative plan of treatment.

Various operative procedures have been resorted to for the radical cure of internal hæmorrhoids, such as stretching the sphincter ani mucle, ligature, injection of various substances into the pile, clamp and cautery, crushing, ecraseur, and excision.

Perhaps the simplest of all these methods is that of gradual dilatation of the anal sphincters. The most noteworthy advocates of this method are the distinguished Frenchmen, Prof. Verneuil and M. Fotan. It is claimed by these authorities and others that the great majority of all cases of internal hæmorrhoids can be cured by this method. In resorting to this manipulation, it is necessary to use an anæsthetic, as the dilatation must be complete and thorough, and to accomplish this without an anæsthetic is a very painful manipulation, indeed. American surgeons are not so enthusiastic in their praise of this method as the French surgeons. This method is, perhaps, most applicable to the treatment of recent cases, and, perhaps, should receive a trial in those cases where the patients have a horror of the knife, ligature, or cautery.—*Buffalo Med. and Surg. Jour.*

Rigor Mortis.—In the course of some researches on the nature and causes of cadaveric rigidity, in the *Revue de la Suisse Romande*, Mille. Catherine Schipiloff endeavors to prove that rigor mortis is not caused by any special fibrinoplastic ferment, but by simple precipitation of the myosin by sarcolactic acid developed in the muscles. By effecting the artificial circulation of a very feebly alkaline fluid in the vessels of a dead animal rigor is prevented. If this artificial circulation be maintained for some time, rigor no longer returns when that circulation is discontinued, as the substance which produces the acid is properly exhausted. What that substances may be the author cannot inform us;

it is not glycogen, for that substance is not used up during rigor. The acid precipitates the myosin, this phenomenon explaining the opaque, whitish appearance of rigid muscles. This precipitation of the myosin is proved by microscopic investigation. Two other phenomena play a part in cadaveric rigidity—physiological and mechanical contraction of the muscles. The stimulus of the acid generated after the circulation has ceased may at first cause physiological contraction; this always occurs before the muscle has lost its normal excitability and become opaque and whitish. It may cause a maximum of shortening, but in very many cases it is altogether absent. Mechanical contraction begins after the cessation of excitability and the discoloration of the muscle. It is due to the precipitation of the myosin and to the elasticity of the muscular tissue. The cessation of cadaveric rigidity is due to the re solution of the myosin in an excess of acid. This action of excess of acid on the myosin can also be proved by microscopic examination; it also causes the muscle to become supple again, and its extreme mechanical contraction undergoes slight abatement. The effects of death on the myosin contained in muscular tissue must be born in mind, not only by experts who examine muscle in cases of death from paralytic and spastic affections, but still more by pathologists less skilled in the special examination of muscles and nerves, for they may be deceived in respect to alleged fatty changes in the heart and uterus, which are widely believed to occur under well-known physiological and pathological conditions, although careful observers declare that the degeneration is often not fatty at all.—*Br. Med. Jour.*

The Use of Alcohol in Hospitals.—A very interesting report has been presented to the British Medical Temperance Association by Drs. Morton Moir and Pearce, on the administration of alcohol in hospitals. The Committee have drawn up a series of tables full of instructing figures, instituting a comparison between the amount expended under this head in 1863 and in 1888. The remarkable fact is noted that in these 25 years there has been, from the returns made by 113 hospitals, an increase of 300% in the charge for milk and a decrease of 47% in the change for alcohol. A second table gives returns from 60 hospitals of which no previous record could be found. On the basis abopted by Dr. Fleetwood Buckle, in his report on 1863, these 60 hospitals showed a decrease of 39% in the expenditure for alcohol per bed. A third table shows the comparative alcoholic charges per bed in 1863 and 1888 respectively. In 73 hospitals there had been an increase of 2,108 beds, and a decrease of total average cost per bed £78 3s. 5d. Beds have thus increased at the rate of 25% while the amount expended on alcohol has decreased at the rate of 47%. Only eight of this group of hospitals showed an increase in the quantity of alcohol consumed. In the remaining 65 the decrease ranged from 30 to 83 %. In the London Fever Hospital, while milk has risen from £650 per annum the disbursements for alcohol were at the rate of only 15s. 24. per bed in 1888, as compared with £3. 5s. per bed in 1863. In St. Bartholomew's Hospital the milk bill had gone up from £600 to over £600 to over £2,000, while the alcohol bill had gone down from £1,446 to £953. These statistics prove that there has been a gradually increasing rational medical administration of alcohol, the credit of which must be awarded to the medical staffs of the hospitals, a fact which affords yet another proof of the lively interest in the promotion of temperance taken by the medical profession.—*Br. Med. Jour.*

Sublimate Lanolin as an Antiseptic.—Koch and Wolffhuegel, having shown that carbolic acid dissolved in oil or alcohol is devoid of disinfectant power, it follows that antiseptics should be applied in some other form; for instance, in watery solution. But it is often desirable to employ them in the form of ointments, and herein the peculiar value of lanolin has been demonstrated by Dr. A. Gottstein in a series of experiments carried on in the Pharmacological Institute of Berlin. Lanolin posesses the property of taking up quantities of water, whence it results that substances may be uniformly mixed with it that are insoluble in fats. Again, Gottstein has demonstrated the important fact that lanolin is indestructible by micro-organisms.

He ascertained that carbolic acid, thymol and menthol, incorporated with lanolin in proportions, as 5%, were absolutely ineffectual as antiseptics. On the other hand, a lanolin ointment containing corrosive sublimate was equally efficacious with a watery solution. In his researches he added to anhydrous lanolin a determinate quantity of sublimate solution, 1 to 1000 or 1 to 5000.

The author enumerates several advantages from the use of sublimate lanolin: 1. A minimum quantity of the antiseptic is required. A moderate sized superficial wound, *e g.*, may be covered with about 0.5 gramme ($7\frac{1}{2}$ grains) of the ointment mass, containing about 0.5 milligramme ($^1/_{130}$ grain) of the salt; whereas, in irrigation of the wound, if about $\frac{1}{2}$ litre (14 fluidounces) are used, 0.5 gramme ($7\frac{1}{2}$ grains) of the antiseptic are allowed to flow over the absorbent surface, *i. e*, 1000 times the quantity. 2. The salve comes into more intimate contact with the surface than the less-adherent watery solution. 3. Its influence is not temporary, but continuous. 4. The ointment acts as a protective against atmospheric contact.—*Med. and Surg. Rep.*

Spontaneous Rupture of The Spleen in Malaria.—Dr. Francis Nicoletti, of Assoro, in Catania, reports a case in which spontaneous rupture of the spleen occurred in a person suffering from malaria. The patient was a lad of 15, living in a malarious district, and exhausted by repeated attacks of intermittent fever. His nourishment was scanty, and, though weak and ill, he

was forced to continue his work in a sulphur mine. The work, which consisted in carrying burdens of more than 120 lbs. in weight up steep subterranean passages nearly a mile long, was far too heavy for his strength, and he often complained of a dull pain in the left hypochon driac reigon. One day when at work he felt a sudden sharp pain in the same place, turned deadly pale, and fell fainting to the ground. He was carried out of the pit, but died before reaching home, twenty minutes after seizure. A medico-legal examination was ordered, but no mark of violence was found on the body. The cranial cavity, the heart and the great thoracic vessels were absolutely empty of blood; the lunges presented no abnormality beyond the pecular slate color usually seen in sulphur workers. On opening the abdomen in the middle line a quantity of blood-stained liquid gushed out, and on turning aside the intestinal coils, the whole of the left hypochondrium was seen to be occupied by a bloody clot as large as a child's head. Inside this mass was the spleen, which presented a laceration on the anterior margin, commencing about four centimetre below the notch and extending to the hilus. The rents measured altogether ten centimetres in length. The splenic pulp was so friable that the greatest care was necessary in handling it. The weight of the organ was 680 grammes. No other lesion was found. Dr. Nicoletti attributes the occurrence to sudden passive engorgement of the diseased organ during extreme muscular efforts.—*Br. Med. Jour.*

The Uselessness of So-Called Magnetic Health-Appliances.—The induced current can be produced in an apparatus much smaller and more easily portable than any other current. Hence, whenever such effects as it will cause are desired, it is the one employed as a matter of convenience. Its limitations, however, are many, and hence it is less frequently used for medical purposes that the voltaic current. The fact that this current is induced by magnetism should not be taken to imply that by it magnetism can be made to act on the human body. The most careful experiments have shown that the human body is as completely insensitive to magnetism and as wholly unaffected by it as a piece of rubber or of wood. A person may stand between the poles of the strongest magnet, one of which might hold up a ton of iron, without the slightest perceptible effects upon any of the bodily functions being produced. Hence, all so-called magnetic appliances, brushes or combs, disks, belts, and magnets, have absolutely no curative power whatever. A few of these may, by friction, produce static electricity. Some are so constructed of two kinds of metal that on contact with the skin, whose perspiration is acid, a very weak voltaic current is produced, scarcely sufficent, after several hours, to redden the surface. The majority of the effects produced by such contrivances are due, like those of the static current, to expectant attention rather than to any action of the agents, which careful investigations have shown to be inert.

The writer once demanded of the agent of a widely-advertised "electric belt" some proof that an electric current was produced by it, and suggested that any current could be detected by means of a galvanometer. The test was objected to, but a little frame, holding a dozen pocket-compasses, was at once produced, and the power of the belt, which doubtless contained some iron plates, to attract the needles of these compasses, was shown as proof of the production of electricity in the belt. Probably many who were ignorant of the difference between electricity and magnetism had been deceived by this so-called test.—From "Electricity in Relation to the Human Body," by M. Allen Starr, in November *Scribner.—Med. Bull.*

Sudden Extroversion of the Vagina in a Nulliparous Female.—It is but rarely that one witnesses complete extroversion of the vagina in single and nulliparous females during early life. Under any circumstances this condition of affairs is very seldom suddenly produced.

A. B., æt. 21, a single and nulliparous female, stated that menstruation was established at the age of 14, and had always recurred regularly and had been free from any associated disturbance. Fourteen days before attending, whilst apparently in her usual good health and without having previously any sensation of "bearing down," she lifted a heavy box with both hands and immediately was seized with intense "bearing down" pains; locomotion increased the discomfort, and it was impossible for her to sit down except on the edge of a seat, and even this was painful. She had neither at the time of nor since lifting the weight experienced any trouble in passing water.

The vagina was completely extroverted; the cervix uteri was directed forwards, and the fundus, which was extruded beyond the external genitals, was readily de tected posteriorly towards the anus. The mucous membrane of the cervical canal was everted—apparently—tothe extent of half an inch, so that the nose of the cervix itsel was fequal in size to a five shilling piece. A sanious discharge was exuding from the everted mucous membrane of the cervical canal. The mucous membrane of the vagina was dry and thickened, and much excoriated in consequence of the exposure and friction. The whole mass protruding from the external genitals was extremely tender to the touch, and was with difficulty replaced.—James Oliver,M.D. in *Br. Med, Jour.*

Diet in Urinary Insufficiency.—The celebrated Prof. Dujardin-Beaumetz, of Paris, gives us the following hints to guide us in prescribing the diet for patients afflicted with urinary insufficiency.

The regime suitable for this trouble, as well as for albuminuria, should be based on two principles: 1st, to prevent as far as possible the formation of poisonous products or toxines in the system; 2d, to reduce to a

minimum the quantity of toxines introduced into the organism.

It is said that the various sorts of meats do not contain ptomaines, but this is an error, for they are formed in the organism as soon as death occurs, and increase rapidily in quantity in proportion as putrefactive changes take place. There are certain sorts of meats—fish in particular--in which the ptomaines form very rapidly.

Who is not familiar with the oder of cod-fish due to the presence of ptomaines?

All kinds of meats should therefore be forbidden, especially game, which is apt to be tainted.

As to aliments which may be permitted, the first place should be given to eggs well cooked, as they have no influence upon the production of albuminuria; omelettes and starchy matters (especially pure), as of potato and peas; also green vegetables well cooked. In the way of beverages, milk is especially recommended, and if wine be allowed it should be white wine diluted with water.

If any meat at all be allowed, it should be beef *a la mode*, chicken with rice, or fresh pork.

Strong cheese, of which so many patients are so fond, should be forbidden.

If a patient can be made to follow this regime rigorously, and if from time to time a light purge be given, life may be prolonged for a long time, even though the kidneys be notably inefficient.—Paris Cor. *Med. Age.*

Lactation During Menstruation.—Ever since the days of Hippocrates and Galen, the belief has obtained that perfect lactation was inconsistent with the return of the menses. In a paper recently read before the Royal Medical Society of Vienna, by Dr. Schlichter, the result of this belief is seriously called in question, and there seems good reason to conclude that the effect of menstruation on the milk is not necessarily detrimental. The author obtained a number of samples of milk furnished by menstruating nurses and analyzed them with the results of showing that, as a matter of fact, the relative proportion of casein had undergone no diminution. The quantity of fat was variable, but the variations did not exceed those met with in non-menstruating lactifers, and the maximum occurred just as often during a menstrual period as after or before. On only one occasion did the proportion of the non-fatty constituents diminish to the extent of 1.5 per cent., and the proportion remained practically the same. He remarked that in the cow the advent of the rut does not produce any noteworthy variation in the quality of the milk. Taking the results of the analyses as a whole, it was found that the variations in the quality of the milk before, during, and after menstruation was not as marked as in milk drawn at different hours of the day under ordinary circumstaces. An examin tion of the infants, moreover, failed to demonstrate any constitional disturbance or failure of nutrition provided the menses did not return earlier than the sixth week. Although we are not prepared to endorse the very categoric conclusions of the author, it may be admitted that the occurrence of menstruation in nursing women is less hurtful than has generally been believed, but it is none the less a matter of clinical observation that their recurrence does diminish the quantity of the secretion, and may even cause it to cease at an earlier date. The supervention of pregnancy is under any circumstances a barrier to continued lactation, as much in the interest of the mother as in that of the child.—*Med. Press.*

Virchow Before a New Corona.—Virchow is, no doubt, the most versatile man in the Fatherland. He is the busiest of Berlin's medical teachers, an indefatigable explorer with microscope and dissecting knife, a steady contributor to medical literature, an active and eloquent member of the city councils, and last, but not least, one of the most energetic politicians of the empire. How the professor finds time to eat, and sleep, and to receive, besides, almost daily, American students inquiring about his courses is a perfect mystery. Being one of the Reichstag candidates the liberal party put up for Berlin, Virchow repeatedly spoke recently before crowded audiences. Only two days ago I heard the eloquent professor address what was probably the queerest audience a medical teacher had ever to deal with. The corona contained numerous Socialists evidently bent on mischief. But the catching eloquence of the speaker, his dissecting and demonstrative arguments, his sublime power and pathos, completely mastered and subdued the crowd. A Demosthenes could not have been more successful in rendering an obstreperous crowd tame and subservient. And yet, as yesterday's election proved, Virchow, the *lumen orbis terrarum*, the standard-bearer of light, liberty, and culture, could not overcome the Socialist Janiszewski, the book-binder, who can scarcely read or write German. Does it not in reality appear like a fight of light against darkness, of intelligence against ignorance? What a disgraceful testimony for the enlightened German metropolis!—Cor. *Ther. Gaz.*

Pyloric Ulcer With Epigastric Thrill.—At a meeting of the Clinical Society of London, Dr. Sidney Martin related the history of a case of gastric ulcer, with an epigastric systolic thrill. The patient, a man æt. 42 years, had for eleven months suffered from gastric symptoms, including pain after food, constipation, great wasting, and occasional vomiting. On admission to hospital the same symptoms persisted. Therewith there was diffused epigastric pulsation with a very fine systolic thrill constantly present, just below the ensiform cartilage. There was some fullness in the epigastrium, but no expansile pulsation. The stomach was dilated. After two severe attacks of hæmatemesis,

the man became collapsed and died. Besides slight chronic aortic and mitral valvular disease, and some fibroid degeneration of the kidneys, the post-mortem examination revealed a pyloric and duodenal ulcer, causing puckering of the pylorus and obstruction of the outlet. The stomach was full of liquid. The epigastric pulsation and the epigastric systolic thrill Dr. Martin explained by the aorta pulsating against the stomach full of liquid, which found a difficult exit through the pylorus. The thrill was compared as to character to the hydatid thrill or fremitus, the pulsation of the aorta in the case under consideration rendering the thrill systolic. In the discussion which followed, the President, Mr. Christopher Heath, directed attention to the interesting connection which seemed to exist between gastric ulcer and pulsation in the epigastrium. —*Brit. Med. Journ.* p. 1219, II., 1889.

Remote Results of Operations for Vesical Tuberculosis.—Professor F. Guyon reports three cases of vesical tuberculosis treated by supra-pubic cystotomy. The first was that of a man, æt. 24 years, who had been suffering from the disease during two years. When seen four years latter he was found free from urinary difficulties. The second patient, who had suffered from severe trouble, died two years after the operation, which failed to afford much relief. A urinary fistula resulted which discharged large quantities of pus, and at the autopsy the kidneys were found in a condition of pyelonephritis, but contained no tubercles. The bladder was small; its walls thickened, but free from ulceration. In the third case, urinary difficulties had been present for nearly a year, the patient being compelled to urinate as often as one hundred and fifty times at night. In spite of disease of the right kidney, epicystotomy was performed and the vesical mucous membrane scraped with the curette. A fistula remained in the hypogastric region. The patient derived much relief from the operation, but died a year and a half later from marasmus. At the autopsy both kidneys were found in an advanced condition of tubercular degeneration, the right having been completely destroyed; the vesical mucous membrane appeared normal. A fourth case died four months after the performance of a perineal cystotomy, and at the autopsy the posterior portion of the urethra and the mucous membranes of the bladder were found studded with tubercular ulcers.—*Annales de Mal. de Voies Urinair*, November, 1889.

Consanguineous Marriages.—The author of a recent work on this sudject calls attention to the curious ideas which have been generally received in reference to the infecundity of, and physical degradation consequent on, consanguineous marriages. So far as the data given may be trusted—and it is hardly to be supposed that the author holds a brief on the opposite side—there is absolutely nothing to show that marriages between near kinsmen are lacking in fertility, or that they are peculiarly liable to give issue to deformed or diseased offspring. There is no lack of instances of enforced cansanguinity, in the matter of marriage, in isolated communities, according to M. Huth, to disprove the assumption that physical degeneration is likely to result from the practice. An investigation into a number of unions between uncles and nieces, nephews and aunts, and cousins in the first and second degree, give an average of children rather above than below the general average, though this is attributed to some extent to the comparatively early age at which such unions are generally contracted. Breeders inform us that the results are markedly in favor of consanguineous unions between healthy, well bred animals. Unions between men, or animals, of widely different varieties, on the other hand, have a decided injurious effect on the offspring, and beyond a certain limit are almost absolutely sterile. Mulattoes and the half-breeds of India and America are striking examples of the deterioration to which such racial disparity gives rise. The great point to bear in mind is that the union of individuals with the same morbid tendencies intensifies the taint, and that, too, quite irrespective of any consanguinity. The moral, according to the author, is that the reasons which have led to the prohibition of marriages within certain degrees of relationship are social, and not physiological.—*Med. Press and Circular.*

The Medical Professions and the Prevention of Disease.—A letter has lately been published in the *Scotsman* by a writer who advocates the appointment of medical officers of health "not engaged in private practice." In so doing he asserts that "no sane body of men can bring themselves to believe the medical practitioners whose livelihood depends on sickness as likely to exert themselves in exterminating it. It is unnatural that men in practice should do their very utmost to lessen disease, as thereby they would be reducing their limited incomes." This writer has been well answered in the columns of the same newspaper by another correspondent who signs his name, and who says: "Excepting the venerable Chadwick, I belive I speak only the words of truth and soberness when I say every advocate for the higher health of the people, from Hippocrates downward, has been a graduate in medicine." He then enumerates the illustrious men who, during the latter half of this century, have been strongest among the many champions of the public health. The history and practice of vaccination in this country is perhaps the best proof that, strange as it may seem to some persons, members of our profession regard it as their first duty to lessen disease, although in so doing they must certainly diminish their profits. A considerable portion of the income of former times was gathered from attendance on eases of small pox, and the amount paid for vaccination at the pressent day is trifling in compari-

son with that paid for treating the sick, so that in this case members of our profession have had a great deal to loose and very little to gain, and yet amongst them the most earnest advocates of vaccination were and are found."—*Br. Med. Jour.*

THE SEPTIC GERMS IN PERITONITIS.—We have recently had occasion to refer to the distinctions between septic and simple peritonitis, and to note how Dr.Bumm, of Wurzburg, has shown that streptococcus is most deadly when taken from peritoneal fluid in the early stage of puerperal peritonitis, Dr. Orth has shown that the septic influence of undoubtedly septic germs is more strongly modified by certain pathological conditions than even Dr. Bumm's researches would lead us to suppose. Although strong infusions of "pure cultures" of staphylococcus pyogenes aureus or of streptococcus pyogenes injected into the peritoneal cavity of rats, etc., failed to cause any lesion of the peritoneum, the same amount of germs caused deadly results when mixed with material which could not be absorbed or which could only be absorbed slowly. Disease of the peritoneum, already existing, favored the action of the germ; in ascitic animals a very small quantity of staphylococcus caused septic peritonitis. The same result followed when any intra abdominal structure was wounded, even when a piece of mesentery was excised or a spot cauterised. When a piece of gut was ligatured, with precautions, for six hours no bad results followed, but when ligatured for a short period with consecutive injections of staphylococcus fatal peritonitis followed. These experiments show the grave consequences which may follow the introduction of germs into the peritoneum after abdominal operations, especially if that serous cavity is not kept clear of effused fluids and solid particles. Rapidly fatal peritonitis followed the injection of staphylococci into the blood or into a compound fracture wound in cases where the intestine was ligatured.—*Br. Med. Jour.*

CREMATION—At Woking the number of cremations is steadily increasing. In three years, from 1884 to 1887, the annual average was 8. In 1888 there were 26. In 1889 the number increased to 46, the total number at the end of the year having been exactly 100. This year there have been several every week. In France, at the new crematorium in Paris, there were 35 ordinary cremations in 1889, but the number of stillborn children and the bodies from the hospitals and anatomical schools is so large that incineration is continually going on both night and day. The *Journal d'Hygiene* says that the total number was nearly 3,000 in the year. At Rome the numbers were 119 in 1886, 155 in 1887 and 202 in 1888. At Milan and other Italian towns the numbers are rapidly increasing, as they are in Germany and the United States.—*Br. Med. Jour.*

USEFUL FORMULÆ.

NEURALGIA.—

℞ Antipyrin, - - - - - ʒiij.
Caffein, - - - - - - ʒss.
Ext. cannab. indic.,
Ext. aconiti, - - - aa gr. vss.
Hyoscin. hydrobrom., - - gr. ⅓.

M. ft. capsule No. xxx. Sig.: One as directed every 1 to 3 to 5 hours. Excellent and contains no morphine. —*Jour. Am. Med. Association.*

ACONITE LINIMENT.—

℞ Tr. aconiti,
Ol. terebinth, - - - - aa ʒj.
Tr. arnicæ, - - - - - ʒij.
Chloriformi,
Aq. ammoniæ, - - - aa ℥ss.
Lin. saponis comp., - q.s. ad ℥iv.

M.—W. J. Lamar, in *Dixie Doctor.*

FORDYCE BARKER'S PILL.

℞ Ext. colocyuth. co. pulv., - gr.xx.
Ext. hyoscyami, - - - gr.xv.
Aloes soc. pulv., - - gr.x.
Ext. nucis vomicæ, - - - gr.v.
Res. podophyll.,
Specac. pulv., - - - aa gr. 1.

M. ft. pil. No. xii. Sig.: One night and morning.—*Dixie Doctor.*

TAPE WORM.—

℞ Chloroform, - - - - - ʒj.
Croton oil, - - - - - ♏j.
Glycerin, - - - - - ʒx.

M. Sig.: Divide in 3 doses, at 7, 9 and 11 A. M.—*Lœbisch.—Dixie Doctor.*

INHALATION IN WHOOPING COUGH.—

℞ Thymolis, - - - - gr. xx.
Acid. carbolici, - - - - ℥ss.
Ol. sassafras,
Ol. eucalypti,
Picis liquidæ,
Ol. terebinthinæ, - - - aa fʒij.
Aetheris, - - - - - fʒiv.
Alcoholis, - - - q.s. ad f℥iij.—M.

Put about 30 drops upon a pad of such a size as to be conveniently hung around the child's neck, renewing the application every two or three hours.

In severe cases the inhalation treatment is supplemented by the internal administration of

℞ Acid. carbolici, - - - grs. iij.
Sodii bromidi, - - - - " L.
Tinct. belladonnæ, - - - gtt. xx.
Glycerini, - - - - - fʒiij.
Aquæ, - - - - q.s. ad f℥ij.—M.

Sig.: Teaspoonful for a child three or four years of age, occasionally.—Dr. Beall, in *Daniel's Med. Journal.*

ORIGINAL ARTICLES.

A CONSIDERATION OF SEXUAL NEURASTHENIA.

BY BRANSFORD LEWIS, M. D., ST. LOUIS.

Read before the Medical Association of the Missouri Valley, at St. Joseph, March 20, 1890.

In the present paper, without going into the subject to any exhaustive extent, I wish to call attention to an erroneous impression that has become widely prevalent of late years—although this error is probably an almost legitimate result of the reaction from an error that was just as widespread, and perhaps even more deplorable than the one to which I refer.

In 1836 Lallemand presented his work on spermatorrhœa, in which he depicted in true French style the disastrous results and almost universal prevalence of this disease amongst men who had formerly practiced masturbation; the horrors of lost manhood, physical and mental debility and decay, and broken constitutions, were dwelt upon in a manner that was calculated to awaken very uncomfortable feelings in those who had abused themselves in this way. Quacks and charlatans were not slow in grasping the opportunity afforded by such authoritative backing to the prickings of natural fear and guilty consciences. These views were adopted far and wide.

Like the wheels of justice, the march of science is sometimes slow, so that there was a considerable lapse of time before the general profesion began to appreciate the seriousness of the error of this fanatic belief. But finally it was recognized; the extreme views of Lallemand and his followers were combated, refuted and condemned. But, pendulum-like, the profession did not stop at a happy medium; it has gone further, and is now quite generally under the impression that the condition of spermatorrhœa is a rare one —in fact, almost never occurs, according to some teachers of the present day. It is held by these to be wholly the product of an imagination which has been stirred into creative activity by the help of quack advertisements, marriage guides, etc. And its near cousin, impotence, is said to be dependent, in the vast majority of cases, on an analogous state, mental cowardice, want of mental stamina, or rather a doubting of one's ability to perform the sexual act successfully. At any rate, the general tendency of the profession at the present time is to throw the blame on some purely mental or psychical deficiency. Hammond has written a book in this strain; I have heard learned discourses in which spermatorrhœa and genuine impotence were almost denied the right of existence at all. It has not been "good form" to believe it possible for a man to have spermatorrhœa. And why? Because, forsooth—because our dominating authorities have condemned the term, have ostracized it, until one is almost ashamed to be caught making a microscopical examination of urine for evidence of spermatorrhœa.

The treatment offered for these conditions, based on such one-sided views, naturally cannot be very elaborate; it is beautiful in its simplicity, yet cheerless in its monotony. It consists mainly in arguing the patient out of his trouble. If he claims to be impotent, he is told to go along and not be imagining such things; that he is a perfectly healthy and strong man, and *prima facie* evidence would confute his statement. If he asserts that after urinating or defecating, a semen-like substance exudes from his urethra, and he is much frightened lest he be affected with spermatorrhœa, he is sat upon so hard by his doubting and deriding Thomas of a medical attendant, that he does not soon venture such a ridiculous proposition again. But he is immediately inducted into the mysteries of hypochondriasis, and is taught the baleful effects of reading quack advertisements, and is advised to quit both as he would the morphine habit, to live a virtuous life and brood no more over his trouble, and that all will come out right in the end.

At the risk of coming in conflict with the dicta of authorities, I wish to express my humble belief that these conditions, and especially spermatorrhœa, are not of such infrequent occurrence as literature and the prevalent teachings would indicate. And, impressed as I have been for some time in this way, I was much pleased, not long since, by coming across these words from the pen of Dr. Geo. M. Beard:[1] "True spermatorrhœa—the flowing away of spermatic fluid in the urine, or after stool—is a very frequent symptom in all kinds of neurasthenic, as well as in many other debilitating diseases; and, therefore, the common and almost universal belief of the profession, taught in text books and lecture rooms, and re-iterated without doubting or inquiry in consultation and conversation, that it is an exceedingly rare condition, is a delusion that is demonstrably false to anyone who knows how to examine urine and takes time to do so."

A similar state of affairs has existed with reference to the female sex. Formerly all the backaches, the head pains, the peculiar sensations, insomnia, etc., in women were interpreted as being but manifestations of that ubiquitous malady, hysteria. That was the fashion a half century ago. Now no one would think of pronouncing any such case to be hysteria until a thorough and complete examination of the uro genital system had been made; and even then he would be very chary about making such a diagnosis pure and simple; for fear that some more acute observer might come across the patient and discover the hidden secret of the disease. The influence of the ovaries, uterus, tubes and other pelvic organs of women on her general condition, both mental and physical, is becoming better understood every day, and we now hear less of hysteria and more of distinct pathological changes in those organs. And observation has taught me that where a man is making the complaint, instead of a woman, there are just as good

[1]Sexual Neurasthenia.

grounds for suspecting some tangible basis for such a complaint as there are in the woman detailing the symptoms mentioned.

So I believe that, on the same grounds, we should begin to hear less of hypochondria (the prototype in man of hysteria in woman), and more of appreciable morbid entities.

But, you ask, what has this to do with sexual neurasthenia?

In answer, I will invite your attention to neurasthenia in general. Dr. Beard, who has, perhaps developed this subject more fully than any other English writer, defines neurasthenia as being "a chronic functional disease of the nervous system, the basis of which is impoverishment of nerve force, deficiency of reserve, with liability to quick exhaustion, and a necessity for frequent supplies of force; hence the lack of controlling powers, physical and mental, and the excessive sensitiveness and irritability, local and general, and the vast variety of symptoms, direct and reflex. 'Nervousness' that arises from such an origin is really nervelessness."

The "governor" has been blown from the engine, the steady-eyed, firm-voiced captain is gone from the sinking ship; confusion reigns supreme.

That, then, is neurasthenia, and it arises from many causes—as a general rule, from chronic abuse or irritation of some one of the nervous centers of the organism, of which the cerebrum, the digestive system and the genital system are the principal ones. And the particular locality from which the disturbance springs determines the particular kind of neurasthenia present in a given case; in this way we speak of cerebral neurasthenia, digestive neurasthenia, or sexual neurasthenia. There are still other centers for the determination of this affection, such as the eye, ear, rectum, etc., but the ones to which I have alluded most often deserve the blame.

All cases of neurasthenia are more or less analogous, in that they consist in this systemic nervous deficiency, the result of, and combined with, irritation of some local point, the perturbing influences of this irritated focus being telegraphed back and forth throughout the organism by means of the sympathetic, the motor and sensory, and the vaso-motor nerves. The whole constitution naturally becomes more and more deranged, and the general nervelessness more and more pronounced the longer such a state of affairs continues; and finally, although the local defect which had initiated the long train of symptoms be remedied, the constitutional *habit* of derangement has become so firmly fixed that the cure is not an immediate result. The system must therefore be attended to as well. The rational treatment then stands out with self-assertive prominence; it must be directed towards healing the local, and renovating the general, deranged action.

Now, confining our attention more particularly to the subject indicated by the title—our text, so to speak—let us enquire how the suxual apparatus shows its malevolence in the way that I have indicated? Of adherent or redundant prepuce, wide stricture, narrow meatus, phimosis, etc., we hear much, and consequently any such conditions would be very liable to be discovered, and their correction would probably be the first aim of the general run of physicians at the present day. But there is a condition less readily discovered, and to which comparatively little attention is paid, and yet it is one which is probably even more widely prevalent than any of these. I refer to a chronic congestion, hyperexcitability and overloaded condition of the prostate gland and the urethral mucous membrane lining it. This is the "sensitive area" of the genital apparatus in man, the most abundantly supplied with nerves, that connect intimately with the neighboring organs and with the spinal cord; and it is no wonder, then, that an abnormal condition of this area is capable of bringing about reflex irritations in other parts of the economy. Action and reaction between such a local condition and the general system come into play as naturally as they do between body and mind.

A case from my note-book may serve as clinical instance of the kind of case to which I refer, especially as it is almost classical as a type of sexual neurasthenia.

J. W., æt. 25 years, American, clerk. No hereditary history of nervous troubles. Prior to the beginning of the present affection, the patient was healthy, though not especially robust. At the age of fourteen he began the habit of masturbation, performing it every day for probably a year and a half. He then began to have intercourse with women, and on this acconnt, ceased masturbating. He had intercourse about three times a week for the next six months, when he first began to observe the symptoms of the present affection.

These are so numerous that I shall not dwell on each one in the linked-sweetness-long-drawn-out style that the patient evinced in relating them, but shall pass over them cursorily.

There was at first, stinging in the deeper portion of the urethra during urination; to this was added a sensation as if his strength were passing out with the flow of urine, leaving a "gone-feeling" about the lower part of the abdomen, the genitals and especially the thighs. This sensation of weakness after urination became intensified to such a degree that he was finally compelled to sit down for a few minutes after the act. Then the tired feeling became more persistent, and remained in the intervals of urination, rendering him listless and good-for-nothing. There was also nervous twitching of tho calves of the legs each time that he passed water. There was increased frequency of urination; nocturnal emissions about twice or three times a week. No evidence of spermatorrhœa. The bowels were obstinately constipated, and have been so up to within a few weeks. There was extreme nervousness all the time; he would become agitated and tremble on the slightest provocation. No tendency towards insomia. Depression of spirits has been prominent all the while. He asserts that in the earlier history of the malady there was some diminution in the acuteness of his hearing and

that there was "heaviness of the eyes," but lately the hearing is more acute than natural. The hands and feet are always cold, and he seems more subject to the influence of cold than a healthy person. He has never been impotent and he still has inclination towards intercourse with women.

In 1883 he had gonorrhœa, which lasted about two years, during which time the local sensitiveness was very much worse, and the neurasthenic symptoms were much intensified. Since then he has had transient attacks of urethritis which he has been able to check in their incipiency by means of injections.

Examination with the bulbous sounds proved that there was no stricture; but deep down in the urethra, in the membrano-prostatic region, there was an unusual amount of tenderness when the bulb reached that point. Rectal examination was negative. On looking into the deep urethra with the endoscope, I saw that there was abundant reason for the sensitiveness evinced during the sounding: The membrane was dark and deeply congested, thickened, and bled on slight provocation; and, most noteworthy of all, there was a granular inflammation going on in this area.

Without taking up further time in detailing this case, I will simply say that I suppose this man to have arrived at his condition of sexual neurasthenia in the following way: Healthy up to the age of fourteen, he had begun and practiced the habit of masturbation over a pro longed period; he then exercised his genital function prematurely and excessively, had acquired a chronic clap, the repetition of which, though transient, served to show that some trouble was going on all the time. All of these factors served to gradually derange and disorganize his nervous system, and at the same time to give rise to the chronic granular urethritis, which only added to the existing difficulties.

My aim in treating him has been to do away with the inflammatory condition of the deep urethra and prostate, to allay the sensitiveness, both inflammatory and nervous of this region, and to tone up and regenerate, as far as possible, his general nervous system. With these objects in view, I naturally resorted to both local and general measures. After prescribing the usual lecture as to how he should conduct himself—to refrain from sexual congress, from dissipation, from keeping late hours, etc., I had him take, for a time, a pill composed of arsenic, strychnia, and iron, in considerable quantities; afterwards, one of ergotin, cannabis indica, and strychnia. These I considered as adjuncts of but small importance. The general treatment from which I expected most benefit was that of electricity, which I gave both in the form of general faradization and central galvanization, saturating his whole organism with the fluid each time. I sometimes gave both at one sitting, and at others, alternated them, giving one one evening, the other another evening, or alternated them by weeks. This, by the way, relieved the constipation to a marked degree. I advised against exercise, as it only increased the symptoms complained of. Locally, I used direct applications through the endoscope of a strong solution of nitrate of silver, (30 grains to the ounce; repressed the congestive tendency by the passage of cold steel sounds of very large calibre (32 French), and by the local application of the faradic current by means of this electrode, which I had constructed for the purpose. Having the shape of the steel sound it is easier of introduction than the bulbous instrument usually employed in urethral electrization, and, too, it affords greater contact-surface, allowing of a stronger current with less irritation. It was intended by this means to give tone to the prostatic vessels, and thereby diminish congestion and inflammation, and to sooth the irritated prostatic nerve plexus. On alternate evenings he was asked to carry out the following procedures, at home, in his own bath-room: After arranging the temperature of the room so that he would not get chilled, he should direct a stream of cold water against his perineum, by means of a rubber hose. This was to be kept up fifteen minutes. This plan, I believe, was first suggested by J. William White, of Philadelphia. Its object is to produce tonicity of the parts through the shock of the projection of the cold water. On the next evening the patient was to introduce this two-way nozzle, blind at the inner extremity, into his rectum, and run a stream of cold water through it for twenty minutes. This was for the purpose of refrigerating the prostate.

I have treated him by these various means for a little over a month, now, and although no revolution has been wrought in his condition, he is distinctly better in many ways. He is stronger, has a better appetite, his bowels have been more regular, there is very much less of the annoying sensation in the thighs, and the patient is more cheerful. The condition of the deep urethra is very much improved, both subjectively and objectively.

I have cited this case at length more because it was typical than because of any very satisfactory result from treatment. However, it shows that something may be accomplished in such cases by rational methods, and that they should not receive the brand "Hypochondriac" until all local irritations have been excluded, and both local and general measures have been conscientiously employed.

Good general health and a strong constitution do not preclude the existence of sexual neurasthenia. Men of the most robust frame and firmest flesh suffer from it, with impaired virility and diminished sexual desire, to as serious an extent as the puny consumptive or the most antiquated *rouée.* And moreover they need the physician's helping *hand* as well as his counsel. I recall a case of this sort, a young man, æt. 23 years, who consulted me for what he considered to be the symptoms of premature decay. He was the very picture of health in all its beaming rotundity; and I was the more surprised, as I had heard him, only a year or so back, speak vauntingly of his prowess in the faculty, the loss of which he was now deploring. Based on the premises of good general health and apparently normal local conditions, much sage advice had been bestowed on him

by the half-dozen or more physicians whom he had consulted. And yet he was not satisfied. Strange how insatiable some people are! Questioning as to the history developed the fact that he had had good reason for being proud of his sexual capacities at a former period, for he had then been in the habit of having connection with, to him, a very charming mistress three or four times a night for three or four times in the week. Here was an individual in the transition stage of manly development, when these organs are weakest, causing their chronic congestion and irritation—just the kind of a condition that is especially inviting for sexual neurasthenia. The ill effects of his 'youthful indiscretions' were not as mythical as some would believe—as many even told him. It was not a case of imagination with him, as, once in a great while, he was able to copulate successfully, but only after much stimulation; but if the defect were merely psychical, this success should have been able to work a cure. Besides he related other symptoms indicating neurasthenia, such as total abolitien of spontaneous desire, nocturnal erections, etc.

Another case was that of a young man of the genus, tough, who periodically went on sprees of venery, so to speak. He would then have intercourse as many times as possible, keeping up his dissipation as long as he could hold out. On this account he was chronically affected with deap urethritis and excessively irritable prostate, whose reflexes were manifested in the rectum by the most painful and sensitive anus and rectal mucous membrane that I have ever seen. He also had spermatorrhœa. He, too, was an exceedingly healthy looking man. Treatment based on the principles that I have indicated, after being carried on for some time would invariably afford much relief, but he could not resist the temptations that Venus held out for him.

The same conditions arise from prolonged posterior urethritis, as I might show by adducing cases, but I feel that I have already taken up too much of your valuable time, and will not therefore encroach further on it.

1006 Olive Street.

RIGOR MORTIS IN UTERO.

BY T. J. DRAPER, M. D., BUCK RANGE, ARK.

I was called, on February 24, to see Mrs. R, primipara, who was in her seventh month of pregnancy. A few days before she had sustained a fall or jar; she caught on her feet, but was considerably shocked. She had severe pain in her back, but no labor pains. I prescribed rest in bed and gave morph. sulph, gr. ¼, fl. ex. hyoscyamus gtt. x, fl. ex. ergot, gtt. x, fl. ex. blackhaw, gtt. xx, to repeat every two hours if needed. She went on from bad to worse, and when I was again called on the night of the 26th I found her in hard labor. She was considerably narcotized and semi-delirious, as they gave more medicine than directed, in the hope of stopping the pain. The labor was "dry" and tedious, but there was nothing unusual about it. I ruptured the membranes just before delivery; there had been no waste of waters previous to this time, and a very little then.

When born, the child was rigid. There is no doubt about it; I gave it a close examination. The legs and arms could be moved only with force. It must have been dead some days, but there was no decomposition.

Admitting that she had been given too much medicine and that the hyoscyamus caused her delirium, could it have caused the death or rigor mortis of the fœtus? She was on this prescription nearly three days, but was over-dosed not over three hours before the delivery. She made a good recovery.

"What prevents rigor mortis of fœtus in utero," is a conundrum for medical students. But I would like to know what caused it in this case, as I have a fear that the hyoscyamus was the cause of the child's death. It is true this child was hardly viable, but the question is just as pertinent.

REPORT ON PROGRESS.

OTOLOGY.

BY J. B. SHAPLEIGH, A.B., M.D., ST. LOUIS.

Furunculosis of the Auditory Meatus.

Drs. Wilhelm Anton and Sigismund Szenes, of Buda-Pesth, after reviewing the different modes of treatment of this affection, give a series of cases in which they have tried menthol after the formula of Cholewa:

Menthol, - - - -	1 part.
Olive-oil, - - - -	5 parts. M.

This is applied on cotton tampons. The result of these observations, notwithstanding the assertions of Cholewa (*Wien. Med. Presse*, No. 23, 1889), shows that menthol does not prevent either the formation of the furuncle or its return, that it does not shorten its course or relieve its pain.—*Pragen Med. Woch.*, No. 33, 1889.

Pistol-Shot Wound of the Ear.

Dr. L. A. Stimson presented a young man who, on December 14, 1889, was admitted to the hospital with a pistol-shot wound of the right ear. The pistol, said to have been of 32 caliber, had been held immediately against the ear. The speaker had seen him an hour or two after the injury, and had found him with a large lacerated wound in the concha of the ear. The bullet had entered just behind and above the orifice of the external auditory meatus, splitting the cartilarge quite extensively. No pigmentation of the skin by grains of powder had taken place. The patient was nauseated and constantly trying to vomit. A probe introduced into the wound touched bare bone, which was made out to be the margin of the external orifice of the bony

canal. On the wound being enlarged, it was found that the ball had subsequently entered the cartilaginous part of the canal and had lodged in the middle ear. Examination with a Nelaton probe gave a lead stain. After one or two unsuccessful attempts the bullet was extracted and proved to be a small piece of lead weighing only twelve grains. Such a bullet might have been fired from a pistol of 22 caliber, known as the "bullet breach," of the kind used in target practice. Such a bullet had never belonged to a 32 caliber pistol. Either there was more lead in the patient's head or the story about the caliber was untrustworthy. A probe encountered bare bone at considerable depth. The bulb of the probe passed beyond that point into the cavity of the middle ear. On its withdrawal there was no indication of lead on it. The nausea had lasted until the next morning. No disturbance of equilibrium had been noticed. Hearing was absolutely lost on that side.

A point of interest lay in the fact that taste was entirely lost in the corresponding lateral half of the tongue, presumably because of injury to the chorda tympani where it crosses the membrana tympani. This loss had not been recovered from.—*N. Y. Med. Jour.*, March 1, 1890.

Syphilis and Deafness.

Hermet, of Paris, reported before the Congress of Otology and Laryngology a case of sudden deafness, due, probably, to syphilis.

A young girl, æt. 25 years, contracted syphilis in May, 1884. She was seen by the author in April, 1885, in the service of Prof. Fournier, when she presented secondary symptoms. On November 5, the secondaries having all then disappeared, she was suddenly attacked with tinnitus, vomiting and facial paralysis. Two days later complete deafness on the affected side, tinnitus and deafness continuing. No aural lesion could be detected, the transmitting apparatus being perfect. Patient received 96 hypodermic injections of pilocarpine with no benefit, the condition being unchanged.—*Annal. de l' Oreille et du Larynx*, November, 1889.

Contribution to the Study of the Diagnosis and Treatment of Obstruction of the Eustachian Tube.

The author, Mendoza, of Angier, recognizes two classes of obstruction of the tube: (1) catarrhal obstruction, temporary or permanent; (2) organic obstructions, or strictures, properly so-called.

The first class sometimes disappear spontaneously, sometimes follow a chronic course with more or less complete closure of the tube, or lead to the formation of true organic stricture, the isthmus tubæ being the favorite site.

He thinks true stricture occurs more frequently than is supposed, and that its existence is often undiscovered through improper examination.

To determine the presence and seat of the tubal obstruction he has had a series of graduated whalebone bougies made either with olive or cylindrical extremities.

The normal tube allows the passage of a bougie 1.2 mm. to 1.5 mm. in diameter. The site of obstruction is determined by properly marking the bougie so as to know how far it projects from the beak of the catheter. His treatment for catarrhal closure is to use bougies medicated with astringent applications, such as tinct. iodine, chloride of zinc, nitrate of silver, etc. In his experience intermittent dilatation as recommended by Meniere gives no better results than these applications. For true stricture he advises continued dilatation and for obstinate cases electrolysis.—*Annales des Mal. de l' Oreille*, November, 1889.

Excision of the Mastoid Cellules Without Opening the Antrum.

Hessler, of Halle, thinks that in mastoid disease Wild's incision is indicated only when periostitis of the mastoid process exists, but that it will not suffice when the cells are implicated. In doubtful cases he advises raising the periosteum to examine the condition of the osseous surface. If inflammation of the cells is probable from its appearance, he penetrates deeper. He gives a table of operations on the mastoid under three heads, Wilde's incision, opening the mastoid and the so-called excision of the cells.

This consists in opening the spaces suspected of caries or empyema, and removing the affected portions without penetrating to the mastoid antrum.

Excision goes deeper than a Wilde's incision and not so deep as opening the antrum. It is, perhaps, less dangerous, but can take the place of the latter only when there is no retentive abscess, and when the purulent area can be reached and destroyed.

In his table the author gives 66 cases of mastoid operation—39 of opening the antrum, 4 of Wilde's incision, and 23 excision of the cells. In all these latter cases great improvement in the general condition of the patient followed, and in none of them was subsequent opening of the antrum called for.—*Arch. f. Ohr.*, vol. xxvii, Nos. 2 and 3.

Bettman (B.) on Mastoid Periostitis.

Dividing this disease into its three stages, as that complex of symptoms may be divided elsewhere, the first stage, that of accelerated blood current and dilated capillaries, should be treated by cold. This stage of mastoid periostitis is recognized by slight redness and tenderness of the region. And the best method for applying the cold is by Leiter's coils or by wet cloths. The middle ear should be carefully cleansed with warm antiseptic solutions to encourage free discharge of purulent secretions. The second stage, that of retarded blood-current (stasis) with exudation of liquor sanguinis and migration of blood-corpuscles, indicates appli-

cation of heat, hot compresses, flannel wrung from hot water. To encourage absorption and avoid the third stage, the hot fomentations should be continuous, not longer than two or three hours at a time with long intermissions. When the third stage, with its cell disintegration and pus formation are inevitable, or already established, heat in fomentation should be continuously applied to hasten the process, and pus evacuated by incision. A proper and conscientious adaptation of principles in the application of heat and cold form the main features in the successful treatment of "mastoid periostitis" complicating chronic otitis media.—*N. A. Pract.*

POLITZER (PROF. A., OF VIENNA) ON ACQUIRED ATRESIA OF THE EXTERNAL AUDITORY CANAL.

The author presents two very interesting histories with specimens of this affection.

In the first case, which he had followed for 20 years, the original condition was a suppuration of the left middle ear, with polyp growing from tympanum. Patient was unable to follow treatment regularly, and two years later the growth was found to entirely fill the external canal and was adherent to its walls in the deeper parts. Hearing for speech was reduced to ½ M. and the tuning fork on vertex only heard in the affected ear. Attempts to remove the polyp failed, renewed growth and adhesions to the osseous canal following each time. Coincident with the attachment of the growth to the walls of the canal, the discharge ceased completely and a slight facial paralysis appeared.

Patient then abandoned treatment and was only seen again after some years. Then the tumor was so completely united to the walls of the meatus that their respective limits could not be distinguished. There was complete deafness on that side but no pain, tinnitus, vertigo or headache. Tuning fork on vertex was only perceived in the unaffected ear. This condition remained unchanged to the end.

Politzer remarks that the suppuration in the middle ear must have ceased completely after complete atresia was established, since no symptoms of retention of pus in the temporal bone appeared. Consequently he concludes that the cavities of the middle ear were also completely filled by new formed connective tissue.

The specimen showed the external meatus filled with a fibrous mass which could be followed into the tympanum. There was no trace of the membrana tympani nor ossicles. The fibrous mass filled the upper part of the tympanic cavity, penetrated the dilated Fallopian canal, from this into the internal auditory canal and the cochlea, completely filling them.

The posterior part of the vestibule and the semi-circular canals were free, the rest of the vestibule occluded. The mastoid antrum was filled with osseous masses and the cells completely destroyed by sclerosis.

More interesting still is the condition found in the posterior cranial fossa.

Here were found irregular tumors, of the size of a nut, adherent to each other and to the connective tissue formation in the internal auditory meatus. They were covered by thickened dura mater and extended from the posterior surface of the petrous bone to the occipital foramen. Histological examination of a fragment of these tumors shows them composed of dense and hard fibrous tissue, containing in many cases cavities filled with decomposed masses and detritus.

The second case was a man, æt. 64 years, who had had a discharge from the ear from his 12th to his 17th year. When the suppuration ceased a great increase in the deafness appeared. Examination showed the external meatus occluded in the osseous portion by a firm mass of connective tissue, funnel-shaped externally. The same condition existed in both ears.

Tests of the hearing were as follows: Acumeter heard only on contact in each ear. Ordinary conversation 1½ M. for the right, 1 M. for the left ear. Tuning fork on vertex heard better by left ear. Rinne's experiment negative. High tones heard better than low ones.

At the autopsy, on opening to tympanic cavity the stapes and incus were found normal; the handle of the malleus, partly detached from the membrane, was adherent to the promontory, as was a part of the membrana tympani itself. The normal site of the drum membrane was occupied by the inner extremity of the occluding mass.

These cases are strong arguments for the radical removal of aural polypi or of any considerable masses of granulation tissue which may cover the drum membrane.—*Annales de l'Oreille*, November, 1889.

TRANSLATIONS.

FROM THE GERMAN.

BY DR. E. MUELLER, ST. LOUIS.

ON VAGINAL TOTAL EXTIRPATION OF THE UTERUS.

Dr. F. Muenchmeyer's article on this subject, published in the *Archiv. f. Gynœkol.* contains a report of 110 cases of vaginal hysterectomy, operated upon at the Dresden Gynæcological Clinic; 48 of these cases had been previously reported by Prof. Leopold. Of these 110 women, 6 died. In 52 consecutive cases (No. 56 to 108) not a single death occurred.

Of the 30 cases operated upon for carcinoma, 42 had been previously reported by Prof. Leopold. Of these 42 women 3 died, 1 of ileus, 2 of septicæmia; of the last 38 cases only 1 died, of peritonitis. The prognosis in this case was extremely unfavorable; examination revealed the presence of carcinoma of the body of the womb with adhesions between it and the rectum and infiltration of the pelvic cellular tissue. Thinking that the last mentioned changes might possibly be independ-

ent of the carcinoma, the operation, which presented great difficulties on account of the adhesions, was performed, death resulting on the fifth day. The autopsy showed purulent peritonitis, originating in a small carcinomatous mass, which had been left in the pelvic cellular tissue. The tumor had already attacked the serous coat of the intestine. Of the 76 patients, who recovered from the operation, 14 have died since, so it will be seen that of 80 patients operated upon for carcinoma during a period of 5½ years, 62 are living. Of the 14 women, who died after recovering from the effects of the operation, in 10 death was caused by a recurrence of the tumor; in 1 case by consumption, 2 died insane, (the autopsy showing that no relapse had occurred) and 1 succumbed suddenly to heart disease. Of the 62 women still living, a recent examination showed a return of the original disease in only 3 cases. Of the 42 cases operated upon more than 2 years ago,27 have not had a recurrence of the trouble for 2 years and over, and may be looked upon as permanently cured. All of the women who were free from the disease at the time the examination was made were feeling perfectly well, and were able to attend to their household duties as well as ever; not one of them complained of symptoms that might be taken to be the result of removal of the womb.

The technique of the operation, when performed for carcinoma uteri, in its principal features has remained the same as described by Leopold; it has only been somewhat simplified. The number of cases presenting adhesions and indurations of the parametrium was rather large. In many of the cases the ovaries and tubes were not removed. The author admits this to be a mistake, not only because there is more danger of a return of the trouble, but also for another reason, explained by the observotion of the following cases:

In both women a discharge from the vagina made its appearance a short time after leaving the hospital. In both cases a structure resembling a rooster's comb was found presenting at one extremity of the operation-scar, which in the case operated upon for cancer was, at first, believed to signify a return of the disease. A closer examination, however, showed it in both cases to be the abdominal end of the Fallopian tube much swollen ,thus simulating a tumor. On touching it distinct contraction could be seen, and when pulling at it the rest of the tube followed. It was then burned off by means of a Pacquelin's cautery.

The very considerable infiltration of the cellular tissue in a few cases caused some difficulty in getting the uterus down, but it was not sufficient to prevent it. Narrowness of the vagina, however, was a source of greater difficulty in some cases. According to the experience of Leopold and Muenchmeyer the operation is contraindicated on account of infiltration of the cellular tissue in those cases only where the infiltration is so great as to make it impossible to pull down the uterus.

Of the 80 cases operated upon for carcinoma, the body of the uterus was affected in 11, the neck in 12, and the vaginal portion in 57 cases. The relatively smallest number of relapses occurred in the women operated upon for carcinoma of the vaginal portion.

In 17 cases vaginal hysterectomy was performed for myomatous degeneration of the uterus. The reasons for resorting to this operation for the treatment of uterine fibroids smaller than a child's head, which are causing serious disturbances, in preference to enucleation of each tumor, and also to removal of the ovaries, are submitted in detail. Enucleation, besides being attended by not very inconsiderable danger, does not insure against relapses. Tumors of very small size, besides being difficult to find, can hardly be enucleated, and after growing larger are most likely to give rise to renewed complaints. The advantage in favor of vaginal total extirpation of the womb compared with castration are: More certain relief from the symptoms calling for interference, and the fact that the operation is connected with less danger than removal of the ovaries by laparotomy. In addition sometimes there exist such adhesions and induration, that the ovaries cannot be removed at all. Out of these 17 cases operated upon 2 died, 1 of septic peritonitis the day after the operation, probably caused by insufficient disinfection of the operator's finger after having introduced it into the rectum during the operation for diagnostic purposes. In all subsequent operations examinations of this sort were strictly avoided. The other fatal case was operated upon for an interstitial myoma, which by its size and the pressure thereby exerted on the urethra, had caused serious symptoms, at times amounting to complete retention of urine. The operation was a most difficult one, an old inguinal hernia also causing trouble; herniotomy was performed 7 days after the first operation; the patient died the same evening. The autopsy revealed the presence of a general purulent peritonitis. In those cases where the vagina was not roomy enough to permit the passage of the tumor (which was the case more especially in multiparæ), deep incisions through the vaginal wall outward to the right and left were made. When this was not sufficient, the perineum was split in the center. These incisions were afterward closed by a continuous catgut suture or by silk-button-suture. In order to bring down the enlarged uterus, it was often necessary to diminish the size of the tumor, when after the application of 2 or 3 ligatures to the broad ligament, it could not be drawn down any further and the finger could not reach high enough to apply more ligatures. It was accomplished by incisions through the capsule of the tumor, followed by the enucleation of the myoma, either piecemeal or as a whole, whichever way was found to be most convenient; the collapsed uterus was then removed. In nearly all cases operated upon several tumors of various sizes were present.

The four cases where Prof. Leopold had removed the uterus several years ago for complete prolapse, were not followed by good results, and Leopold concluded to re-

sort to this operation only in bad cases of total prolapse and in connection only with other operative procedures. Since that time only one suitable case has presented itself. The patient, a woman, æt. 52 years, was suffering from complete prolapse of the uterus and vagina, and had been treated with pessaries and bandages for a long time without deriving any benefit. The uterus was completely outside of the vagina and could not be replaced on account of firm adhesions in the cul-de-sac of Douglas. After removal of the uterus large flaps were dissected out of the vaginal wall on both sides, thus causing a very considerable narrowing of the canal. In this case the operation has been so far a complete success, and the author recommends it in similar cases of total prolapse, where other means of treatment are unavailing. Asih of Breslau, also obtained good results from the operation in eight cases presenting similar features. It must be supplemented, however, by the excision of very large vaginal flaps in-order to be successful.

In six cases the operation (vaginal hysterectomy) was performed for various affections of the uterine appendages with unusually good results. The ovaries and tubes were of course removed at the same time.

In regard to the inquiries as to the bladder, Muenchmeyer and Leopold have come to the conclusion that they cannot always be avoided. Especially in carcinoma of the uterus it is often impossible to remove all the diseased tissues without injuring this organ, and Muenchmeyer considers it a bad plan to leave any part of the tumor behind, simply to avoid injuring the bladder. In the two cases where this was necessary, the wounds healed without any trouble in ten days. The incisions into the bladder were immediately closed by sutures, and a self-retaining catheter was introduced.

The appended table, giving a short history of each individual case, contain a large amount of valuable and interesting information.

The author concludes by summing up his experiences in the following sentences:

"Total extirpation of the uterus per vagina has become an operation comparatively free from danger. It is available not only for carcinoma (the prognosis being very favorable when resorted to early) but also for the smaller myomata up to the size of a fœtal head, and for diseases of the uterine appendages. In certain forms of complete prolapse of the womb, total extirpation is likewise the only correct operative procedure. At any rate it is to be preferred to laparotomy in all cases where equally as good or better results can be obtained.

On the Causes of Death After Laparotomy.

At the sixty-second meeting of the German Nationalists and Physicians, v. Herff spoke on this subject before the gynæcological section. Only the less frequent causes, those not due to septic infection, are considered. The dangers arising from existing abnormal conditions of the heart, such as primary fatty degeneration of the heart muscle, as well as brown atrophy, are pointed out. In addition to these causes, he says, the changes brought about by the prolonged administration of chloroform, and in some cases perhaps by the simultaneous action of some of our antiseptic agents, demand attention. A characteristic sign of this subacute intoxication is, that with increasing collapse death supervenes later. Straesmann has shown that these retrogressive changes are particularly prone to develop under the influence of prolonged chloroform anæsthesia, when the system is otherwise weakened, as by defective nutrition or by great loss of blood during the operation.

On the part of the lungs, v. Herff draws attention to the broncho-pneumonias, occurring mostly in old and debilitated subjects. The investigations of Frey have proven that they originate in the inhalation of infectious particles, and are not the result of the influence of cold, as was formerly believed. Experience has further taught, that broncho-pneumonia after operations occurs only under certain unfavorable conditions. Weakened heart action is mentioned as one of these conditions; it causes hypostatic congestion, which forms a soil favorable to the growth of the inhaled fungi. Difficult expectoration is also to be considered in this connection. V. Herff attaches very little importance to the vapors of decomposing chloroform as a cause of broncho pneumonia.

Affections of the kidneys are considered a source of great danger. According to the experience of Kaltenbach death may occur rapidly from collapse in patients affected with interstitial nephritis or pyelonephritis, diseases which are often difficult to diagnose. It seems that in these cases the remaining healthy tissue undergoes rapid changes under the pernicious influence of chloroform or of antiseptic agents.

In conclusion the speaker called attention to the fact, that some of the antiseptics in general use may be the cause of death from collapse in persons specially predisposed; iodoform and corrosive sublimate are the most dangerous in this respect.

During the discussion which followed, Kaltenbach mentioned a case of ovariotomy in a patient, æt. 74 years, who was perfectly well for thirty-six hours after the operation, but after that declined rapidly and died. An autopsy showed the existence of arterio-sclerosis and contracted kidneys.

Hegar suggested that other conditions, for instance, septic infection, might produce symptoms similar to those attributed by v. Herff to fatty degeneration of the heart from chloroform. He has abandoned the use of ether on account of the unfavorable influences (headache, migraine) it has on the persons taking part in the operation. As far as the patient is concerned, however, ether has decided advantages over chloroform for several reasons. Broncho-pneumonia he had observed as often when using ether, as after the use of chloroform. It occurs not only in debilitated persons after operation consuming much time. Besides a susceptibility to it, dependent upon pre-existing bronchitis, the inhalation

of stomach contents forms an important factor in its causation. According to Hegar's experience diseases of the kidneys are one of the worst complications of chloroform anæsthesia. He mentioned the case of a patient who was examined under chloroform on account of vaginismus, and who died three days afterwards from uncontrollable vomiting. The autopsy showed the presence of contracted kidneys.

Fehling said, that after giving chloroform he had the patient's urine examined regularly for a considerable period; usually albumen was found, frequently also casts. It is evident that chloroform causes a state of irritation in the kidneys, which may become fatal, when these organs are in a diseased condition.

Kaltenbach saw a patient die suddenly from collapse twenty-four hours after delivery, craniotomy having been performed on the child. The woman had been kept under the influence of chloroform for an hour and a half. On post mortem examination extensive fatty degeneration of the heart muscle was found.

Klein reported a case of myotomy, the patient succumbing a few days after the operation with symptoms of collapse. Suppression of urine also existed. Besides old nephritic patches, evidence of acute nephritis of recent origin was found post mortem. Evidently chloroform was the indirect cause of death in this case also.

Muller said, that ether had the disadvantage, that during its administration respiration became very spasmodic, which circumstance might, to a certain extent, interfere with the examination of the patient and with the operation. He had not observed any bad effects from the use of chloroform.—*Archiv. f. Gyn.*.

Hæmoptysis of Elderly Persons.—There occurs in elderly persons, free from ordinary diseases of the heart and lungs, a form of hæmoptysis arising out of minute structural alterations in the terminal blood-vessels of the lung.

These vascular alterations occur in persons of the arthritic diathesis, resemble the vascular alterations found in osteo arthritic articulations, and are themselves of an arthritic nature.

Although sometimes leading to a fatal issue, this variety of hæmoptysis usually subsides without the supervention of any coarse anatomical lesion of either the heart or the lungs.

When present this variety of hæmorrhage is aggravated or maintained by the frequent administration of large doses of strong astringents, and by an unrestricted indulgence in liquids to allay the thirst which the astringents create.

The treatment which appears at present to be the most successful in this variety of hæmoptysis consists of diet and quiet, in the restricted use of liquids and the stilling of cough; in calomel and salines, in the use of alkalies, with iodide of potassium, and in frequently renewed counter irritation.—Sir Andrew Clark, Bart, M.D.

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., Editor. W. C. MARDORF, M.D., Associate Editor.

Communications relating to the literary part of this journal should be addressed to the editor, at 1006 Olive Street.

Communications relating to subscriptions and advertisements should be addressed to J. H. Chambers, 914 Locust Street.

Original Articles, Reports of Cases, Correspondence, etc., relating to interesting medical topics, are cordially invited.

Twenty-five extra copies will be furnished free to the author of each original article.

Illustrations will be furnished free when drawings accompany the contribution.

Contributors desiring reprints can obtain them on favorable terms by applying to the publisher immediately after their articles have been accepted for publication.

Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, APRIL 19, 1890.

The Origin of Myopia.

Dr. M. Kirchner[1] has made a very comprehensive and interesting contribution to the study of the causes of myopia, together with some valuable suggestions as to its prophylaxis. In 1812 James Wasz made a number of observations, which did not at the time lead to much further investigation. H. Cohen brought the subject into prominence again when he presented his inquiries into the relations between school life and myopia.

Briefly, the salient points in Kirchner's essay are the following: 1. Nationality has an influence, though a slight one, in the production of myopia, as shown by contrasting Jews with other people. The complexion, whether fair or dark, also seems to have some influence.

2. The shape of the cranial bones is also a factor, but how far is not yet determined. Deep orbits and a short face are very frequent in near-sighted persons, but often the same mould of face is found without myopia.

3. Heredity is an important factor. Children are most liable to be near-sighted when both parents have been similarly affected, less liable when only the mother; and least when only the father is thus affected. Boys of myopic parentage are twice, and girls four times as strongly inclined to myopia as the offspring of non-myopic parents.

4. There is but little difference between the tendency of boys and girls to become near-sighted. If any exist, it will be found that under the same conditions more girls than boys will become affected.

5. Occupation has the greatest influence in the production of myopia, as especially marked in those occu-

1. Deutsch. Med. Zeit. Zeitsch. f. Hyg.

pations which demand frequent and continuous accommodation of the eye with convergence of the visual axes.

6. Needlework at an early age, unsuitable seats, insufficient light and means of teaching, which make too great demands upon the eye, such as dark slates, poor paper, small type, etc., all possess a most harmful influence.

The following is recommended by way of prophylaxis:

Schools should be well lighted; this should be so arranged that in gloomy weather the darkest part of a room should receive light the equivalent of ten candle power. The window surface of a room should bear the proportion to its floor surface of at least 1 to 5. The interruptions to light should be few; for this reason the panes of glass should be large, and the frames should be of iron. School buildings should be somewhat isolated, not surrounded by other buildings, trees, etc., which lessen the amount of light.

2. The seats should be adapted to the sizes of the pupils, there being at least three sizes in each room. All the pupils should be measured twice a year and seated accordingly.

3. On entering school each pupil's eyes should be examined by a physician and the result recorded. All the pupils should be examined at least once a year, and should any show signs of myopia they should be carefully guarded against further predisposing causes in the assignment of seats, and in the apportioning of exercises, etc. Glasses should not be worn unless by direction of a physician; neither should their use be forbidden except by the same authority.

4. Test letters should be displayed in each room in a suitable place; if on dark days the vision of any of the pupils should be found wanting, it would be better to temporarily substitute oral instruction for exercises in reading or writing.

5. As little as possible of the school work should be done at home. Here, also, each child should have a chair adapted to its size. The hours for study should be arranged by the teacher.

6. Black slates should not be used, but in their stead white slates or paper. In text-books and in writing books white paper and black ink should be insisted upon.

These demands are clearly put, and, further, they can be easily complied with. The most difficult thing would be to regulate the amount of work at home, as well as seats adapted to the size of the children. The latter condition is not only of the highest importance in its relations to the production of myopia, but it plays a prominent part in the consideration of spinal curvature.

The Causes of Sterility in Women.

Sterility in women is a condition which is commonly left to the specialist for treatment, wherever practicable, and where this can not be done, a half hearted attempt is made to ascertain its cause, and if the treatment based upon this knowledge, or want of it, proves ineffective, the case is set down as irremediable, or it is left to time and nature. These are, in their way, two very excellent curative agents, but in this particular condition it cannot be supposed that they will be productive of much benefit.

Dr. William A. Carey[1] treats this question in a very interesting paper; he believes this seeming apathy is due to the fact that there are many physicians who have but a superficial idea of the condition, and, strange to say, regard it as one of but little importance. This disposition is also imbibed by patients who fail to seek advice because they think "they were born so," and that medical or surgical aid would be of no avail.

Before expressing an opinion in any given case, we must first know something about the manifold causes of sterility, and this knowledge is usually lacking.

The condition usually expected in such a case is either some flexion of the uterus with marked stenosis, or some inflammation of the uterine mucosa; their absence, as a rule, places the physician in a quandary, from which escape is deemed impossible.

Dr. Carey believes that the importance of uterine stenosis as a cause of sterility is very much overestimated; disease of the Fallopian tubes ranks first as a cause of acquired sterility; a collection of cases of primitive sterility to the number of 110, which have been under his own observation, show that while malposition was the most frequent cause, it occurred in only 23.6% of the cases, and not as high as the hypothetical "90%" of some authors.

The causes that operated to produce barrenness in his cases may be briefly enumerated as follows: Congenital absence of uterus and appendages, lack of development of same, malpositions with and without stenosis, inflammations (of uterus, its membrane, vagina, ovary, peritoneum and Fallopian tube), uterine fibroids; prolapse, neuralgia, and degenerative changes of ovary, urethral caruncle, rectocele, cystocele, atrophy, and onset of menopause,

Other causes of sterility are: Polypus, cancer, imperforate hymen, contraction of vaginal orifice, rectal disorders, syphilis and other constitutional diseases, and last, but by no means least, preventive measures.

Dr. Carey draws the following conclusions from an analysis of the cases presented in his paper:

The most frequent cause of sterility is disease of the ovaries and tubes, whereby ovulation is prevented, or, where ova are developed, their transit through the tubes is obstructed. This condition exists in about 38% of cases.

The next cause in order of frequency is anteflexion of the uterus with stenosis. It occurs in 14½% of cases

Inflammation and tumors of the uterus rank next, the

1 Med. and Surg. Reporter.

percentage being about 25 for the former and half that for the latter.

Congenital absence of the uterus and appendages occurs once in one hundred and ten cases.

Eucalyptus in Scarlatina.

In a recent number of the *British Medical Journal* we find the report of a meeting of the Epidemiological Society of London, at which a paper was read by Mr. J. B. Curgenven on the treatment of scarlatina with oil of eucalyptus. This treatment he has pursued for the past twelve months, and the results he claims are of the most startling character. On these results he bases the belief that this treatment is equally applicable to other infectious diseases, and the claim that it is capable of superseding all other curative and preventive measures, and that it renders isolation of the sick unnecessary.

Oil of eucalyptus is perfectly innocuous, a powerful germicide, and extremely volatile; Curgenven maintains that it may circulate in the blood without injury to the living body. On the principle that a number of drugs of like properties combined in small proportions are more effective than larger quantities of one of them alone, he prefers a combination known as Tucker's "Eucalyptus Antiseptic," which contains menthol and several essential oils and camphors in addition to the eucalyptus oil itself. A few drops of this shaken up in water are given internally at frequent intervals; the clothing, sheets, pillows, etc., are saturated with it; it is sponged over the entire surface of the body twice daily, and sprinkled over the floor, furniture, walls, etc., until the air is filled with the odor, which is not at all unpleasant. He invariably obtained an immediate arrest of the eruption, the speedy relief of angina, and subsidence of enlarged glands; there was rapid defervescence, the temperature falling from 104° or 105° to 100° or normal within a few hours; in short, there was an immediate arrest and cure of the disease. Albuminuria due to the elimination of such oils by the kidneys was entirely absent.

He maintains that this treatment is effective in aborting the disease before the appearance of the eruption, and in protecting the most susceptible persons against infection, though constantly exposed to it. In conclusion, he believes his cases are numerous enough to exclude fallacies from natural early subsidence of the fever, great resisting power or insusceptibility on the part of other children, and in fact, all elements of chance.

The results of Mr. Curgenven are certainly little short of marvellous, if accurate in all details, and this we see no reason to doubt. Such results would seem to fulfill the ideal of antisepsis. However this may be, whether the report is reliable in all respects or not, and whether it be received with incredulity or otherwise, eucalyptus has been shown to be an admirable antiseptic, and it is worthy of further trial in this disease.

The Revoking of a License by a Board of Health.

As we learn from the daily press a physician of Minnesota has been debarred from practice in that state by the State Board of Health. The account is very meagre, so that comment is possibly unjustifiable, but from the facts given the action of the Board appears decidedly proper.

The circumstances are as follows: About six months ago Dr. Theodore Dedolph, of St. Paul (of what school of medicine is not stated), chloroformed a patient for the purpose of reducing a fracture of the arm. As the patient was coming from under the anæsthetic he struck at the physician, whereupon the latter hit him in the eye, permanently injuring his sight.

On this evidence, as presented to the Examining Board in March by the complainant, the license of Dr. Dedolph to practise medicine in Minnesota was revoked. On the other hand, the doctor and his brother, who is also a physician and who was present at the time of the occurrence, claim that the patient inflicted the injury on himself, and that the case is one of malicious persecution. However this may be, it is safe to say that the Board did not take the action it did without convincing evidence.

It is seldom that we hear of a physician being debarred from practice; such an occurrence is far from being as frequent as the offenses which would seem to justify such an action. It is only another evidence of the fact that Health Boards in general are awakening to their duties, a harbinger of better things to come.

A Simple Way of Covering Deficiencies of the Skin or of Bone.

Dr. Julius Wolff proposes a new way[1] of covering deficiencies in the skin or in bones, which he calls "roofing." It consists in loosening the skin around the defect from the underlying tissues, and uniting it over the gap to be covered. In one case which he treated there was a cavity in the tibia about the size of a walnut; the gap in the skin was 8 cm. long and 6 cm. wide. Wolff dissected loose the skin around the defect to the extent of several inches above and below, and on either side as far around as the calf of the leg, so that there was posteriorly but a narrow strip of skin adherent. The margins of the skin were united across the gap by means of a continuous suture, and on the 33rd day the wound was entirely healed, without any sign of a fistulous opening. In two other cases, in which there was failure of primary union after arthrectomy of the knee-joint, large defects in the skin exposing the joint, the author performed his "roofing" process with great success. In the first of these two cases, after the joint cavity had been opened up and rendered aseptic, the skin of almost one-third of the entire lower extrem-

1. Berl. klin. Woch.-Centr. f. d. Ges. Ther.

ity was loosened up. The area comprised extended upward as far as the middle of the thigh, downward to the middle of the leg, and on the sides as far around as the middle third of the flexor aspect of the extremity. The wound margins in front were then readidly approximated, and healing was complete in twelve days. The second case of arthrectomy was treated in the same manner, the result being also successful. Wolff separates the skin from the underlying tissues by means of the finger tips, using the knife or scissors only when the former fails.

The author has also used this method in covering defects which were confined to the skin alone, as in the case of a large ulcerating surface on the thigh, as well as in covering large fresh surfaces exposed by surgical operations, as after amputation of the breast. In cases of syndactylism he was able to effect cures by raising the skin of the dorsal and volar surfaces and joining the edges, thus attaining complete funtional results without the formation of flaps.

After his experience with this method the author comes to the conclusion that "roofing" is better than the implantation of large flaps of skin, for the reason that the ulcerated surfaces are immediately covered by a surface of healthy skin, one that will not so readily succumb to morbid processes. Its advantage over the transplantation of large flaps of skin is that the process requires no such constant immobilization as is necessary when, for instance, the flap of skin is to be transferred from one extremity to the other.

MEDICAL ITEMS.

Dr. H. C. Dalton has returned from his month's attendance on the New York clinics.

Dr. Chapman V. Dean is once more with us, after a protracted sojourn in the East and 'across the pool.'

Dr. Elsworth Smith has resigned his position of assistant superintendent at the City Hospital, and will in the future be located at Grand Ave. and Pine St.

Australian Wine.—Australian wine is rapidly rising to the level of that of France and Germany, and the *London Lancet* predicts that it will soon come into general use.

Salix Nigra as a Sexual Sedative.—The fluid extract of salix nigra in doses of from half a drachm to a drachm three times a day is said to be an efficient sexual sedative.

Salicylate of Soda per Rectum.—Dr. Stein, of Saaz, mentions in a Prague medical journal that, having a case of rheumatic fever of a severe and very obstinate nature in a lady with a very sensitive stomach, which refused to tolerate medication of any kind when administered by the mouth, he was able to treat the case satisfactorily by enemata of salicylate of soda. He gave three enemata daily, each containing from 30 to 45 grains of the salicylate. The quantity of liquid used for each was about 8 ounces.—*Jour. A. M. A.*

The Therapeutic Analyst, of Norwich, Conn., contemplates publishing in the near future a review of the medical journals of the United States, noticing the special features or advantages offered by the various medical periodicals.

Gastric Cancer and Hydrochloric Acid.—Phelps (*Med. Record*) advances the idea that the diminution of free hydrochloric acid in cancer of the stomach is due to the neutralization of the acid by the ptomaines produced by the cancer organisms.

Death From a Mad Horse Bite.—Dr. J. T. Aspy, of Columbus, Ind., died recently from what was reported to be hydrophobia. He was bitten by a mad horse a few days before his death, the horse having boen bitten previously by a rabid dog.

Health Department Appointments.—The following appointments have recently been made: Dr. Greenfield Sluder, assistant superintendent; F. A. Winter and Jno. M. Grant, senior assistant physicians at City Hospital; Dr. J. P. Fitzpatrick, assistant physician at Poor House.

Abuse of Turkish Baths.—Dr. Baruch says that Turkish baths are employed by fashionable rich women to pass hours in luxury drinking wines, or stronger alcoholic beverages. This serious evil, he thinks, could be diminished if it were made clear that the Turkish bath has no effect upon the reduction of fat.

British Medical Association.—As a result of the recent internal dissensions, about seventy discontented members of the British Medical Association have resigned. The list includes the names of Thomas Bryant, Ch. Heath, Berkley Hill, Eustace Smith, Edmund Owen, Matthews Duncan and Frederick Treves.

A Petition has recently been presented to the Austrian House of Deputies praying for the admission of women to the philosopical and medical faculties of the universities of the Empire. The petition was signed by 4,812 persons, among whom were many leading representatives of literature, art, science, and the teaching profession.

Tight Collars and Vision.—The influence of tight collars in impeding the circulation in the head by pressing on the jugular veins is well-known to military surgeons with the troops in India; but the bad effects of such pressure in cooler climates has been demonstrated by the observations of Professor Forster, of Breslau,

who states that three hundred cases have come under his notice in which the eyesight has been affected by the disturbance of the circulation caused by wearing collars that were too small. A number of these cases were probably subjects of myopia.—*Lancet.*

Prehistoric Skeleton.—In a prehistoric cemetery, lately uncovered near Montpellier, in the south of France, among other things found and reported to the Paris Academy, were two skulls, evidently belonging to the Aryan race, and some human bones that, judging from their proportions, must have belonged to a man at least ten feet in height.

Negro Physicians.—The Meharry Medical College for the education of Negroes, held its commencement exercises at Masonic Theatre, Nashville, together with the dental and pharmaceutical departments of Central Tennessee College for colored people, the night of February 27, 1890. Diplomas in medicine were given to fifteen graduates, in dentistry to two, and in pharmacy to one.

The Law Concerning Hypnotism in Sweden.—The question whether a hypnotized person who acts at the suggestion of others is responsible for his actions is considered in Sweden to depend upon the fact whether he knew of the danger to which he exposed himself in being hypnotized, and submitted to it voluntarily. If so, by the law of that country, he is held responsible, otherwise not.

Alcoholism and Disease.—Dr. Krafft-Ebing, of the University of Vienna, recognized in Europe as authority, thinks that no proper legal measure should be neglected that may combat intemperance, and that the formation of societies to counteract it should be urged. He declares that in 20% of all cases, intemperance is found to be the sole or chief cause, and in 30% more, one of the causes of mental disease.

To Prevent Tuberculosis.—It is proposed to appoint veterinary inspectors in Pittsburg, who shall be empowered to condemn all tuberculous meat, a reasonable compensation being paid to owners of animals found in that condition; and who shall visit all milk daries and condemn every cow found suffering from tuberculosis, particularly those with mammitis. It is also proposed to make it illegal to breed from tuberculous animals.

What Cosmetics are Made of.—Dr. Albert E. Ebert in a paper on "Cosmetics," shows that the public is flagrantly swindled by manufacturers of cosmetics. He gave as an instance the case of a little pot of "cream," which has a wonderful reputation on the strength of its secret formula. It is sold for $1.50, and costs 10 cents, being composed of common zinc oxide, ground in equal parts of water and glycerin, and perfumed with rose. Another well-known wash, which retailed at $18 a dozen, was shown to consist of water and calomel, which cost 66 cents per dozen to manufacture.

The Netherlands American Steam Navigation Company has been recommended by the Committee on Foreign Transportation, Am. Med. Ass'n., as the most favorable for the members of the profession who attend the International Congress. This company offers to the members of the Association and their immediate family, a round-trip ocean passage, in first cabin, at $90 per full ticket, inside rooms, and $105 per full ticket outside rooms.

International Medical Congress.—The Hamburg-American Packet Company has issued a circular announcing special rates for physicians attending the Tenth International Medical Congress. On the express steamers, sailing July 17, and 24, the rates for the round trip will be $150 to $200; on the Wieland, sailing July 19, the rate will be from $90 to $126 for the round trip, and on vessels of the regular service sailing prior to this date, the rates are $93.50 to $127.50. The Congress will be held on August 4–9, 1890.

A Companion to the Crow-Bar Case, in which a crow bar was sent through the frontal lobes of the brain, is reported from Zurich. An artisan went home drunk, and fell out of a window about one hundred feet from the ground, probably in the attempt to shut it. He suffered a splinter fracture of both the frontal bones, with severe contusion of the brain in that region and efflux of brain substance. The man, who before his accident had been well behaved, peaceable, good natured, cheerful, and cleanly, became malicious, slanderous, quarrelsome, violent and dirty, while no other morbid symptoms were observed.

Bicycling for Young People.—Dr. B. W. Richardson discusses this subject in a recent issue of the *Æsclepiad.* He admits that since he first warned the public of the dangers of immoderate cycling, changes have taken place in the construction both of bicycles and tricycles which materially modify the old drawbacks. He is still, however, of the opinion that cycling should never be practised by boys and girls, since it differs from other exercises in the fact that it molds the bodily framework, as it were, to its own mode of motion; and riders in course of time almost invariably acquire what he calls "the cyclist's figure," which is not graceful, and indicative of the possession of perfectly balanced powers. Of two things at least he is satisfied. They are that the temptation of competition is to an earnest and practised cyclist a "demon of danger," and that the systematic pursuit of cycling should never be fully commenced before the age of twenty-one.

A Bargain.—A full set of Ashhurst's Cyclopædia of Surgery may be bought cheap, by addressing the editor.

SOCIETY PROCEEDINGS.

MEDICAL ASSOCIATION OF THE MISSOURI VALLEY.

Stated meeting, March 20 and 21, 1890, at St. Joseph, Mo. The President, Dr. J. M. Emmert, in the chair, and Dr. H. W. Loeb, Secretary, *pro tem.*

Dr. Bransford Lewis read a paper (see page 301),

A Consideration of Sexual Neurasthenia.

Dr. Clark Gapin, Omaha, Neb.—I have read Dr. Beard's writings on this subject with much interest, but they are very unsatisfactory; they do not pan out well. The term neurasthenia means nervelessness; hysteria means even less. The question is, what are these conditions? Hughlings Jackson thinks that the idea of functional nervous troubles is completely abrogated; he does not believe that there is such a thing. It indicates a lesion of the center. While I concede that such conditions as Dr. Lewis describes do exist, they rarely produce such general nervous symptoms. I have no doubt that after a considerable period of treatment of his case it will cease to be benefited and there will still be nervous conditions, because there is permanent damage to the nerve center. I had a case of hysteria that was treated the world over. All of the organs that were removable had been removed. She came home and continued to go into convulsions as vigorously as ever. When she died I made a post mortem examination. I found a distinct lesion of the motor area of the right hemisphere of the brain. There is either one of two things behind the individual, lack of robustness, or he has been dissipated. The damage is the result of the dissipation or of heredity, rather than of the sexual troubles. I do not believe in these reflex nervous irritations.

Dr. Daniel Morton, St. Joseph.—I have been especially interested with respect to the treatment with nitrate of silver. In the Roosevelt Hospital, New York, I have seen many cases of sexual neurasthenia. Dr. Brewer was an enthusiast with regard to this kind of diseases. Dr. Lewis refers to the conditions of the urethra which produce reflex disturbances; these were especially numerous. Whenever a case came into the hospital it was the custom to examine the urethra from the tip of the penis to the bladder to see if there was anything to give rise to the symptoms. It was frequently found that the trouble was due to the granulations that are spoken of in the paper, and no treatment gave as much benefit as nitrate of silver injected into the posterior portion of the urethra. In conjunction with this we used the cold sound. Dr. Lewis' experience has been almost identical with mine.

Dr. B. F. Crummer, Omaha, Neb., asked for particulars regarding the mode of administering the urethral electricity. He said that no cases were more unsatisfactory to treat than these sexual cranks, but that once in a while cases were met that could be benefited. His experience had been that where he found no local lesion, there was some constitutional malady back of it. He reported one case in which the symptoms were finally determined to be from tuberculosis pulmonalis.

Dr. Bransford Lewis.—In answer to the remarks of Dr. Gapin, of course I cannot deny the correctness of his conclusions with regard to the case which he cites; but that does not prove anything with regard to the case I speak of. A person may have delusions of pain anywhere from his toes to his head, the result of a brain lesion, yet that does not prove that *all* painful affections of the various organs are due to central lesions. I do not think his instance is analogous. Here is a case of long-continued, manifest local derangement, with, finally, the supervention of constitutional disturbances, both of which are much benefited by the local and general treatment employed.

In answer to the question of Dr. Crummer, I use a very mild faradic current, positive pole in the urethra, in order to obtain a toning effect. Not the slightest pain is occasioned.

(to be continued.)

SOCIETY NEWS.

TENTH INTERNATIONAL MEDICAL CONGRESS.

New York, April 7, 1890.

Editor Weekly Medical Review.—In a letter dated Berlin, Karlstrasse, 19, March 22, Dr. Lassar, the Secretary-General of the Tenth International Congress, directs me to inform the Medical Profession of America that a programme of the Congress and other communications will be distributed two months before the meeting amongst those who will have registered previously and received their tickets of membership.

The latter can be obtained by sending application and five dollars to Dr. Bartels, Leipzigerstrasse, 75, Berlin, S. W. By so doing the members will save much crowding and time during the first days of the Congress.

For the American Committee of the Tenth International Medical Congress.

110 West 34th St., New York. A. Jacobi, M.D.

REVISION OF THE UNITED STATES PHARMACOPŒIA.

Official Announcement.

Boston, Mass., March 15, 1890.

The convention for the revision of the United States Pharmacopœia will be held in the city of Washington, May 7, at noon. As it is necessary that some preliminary arrangements should be prepared in advance of the convention I have taken upon myself the responsibility of appointing the following delegates to act as a Committee of Arrangements:

Dr. Samuel C. Busey, Dr. C. H. A. Kleinschmidt, Dr. Robert T. Edes, of Washington; Mr. P. W. Bedford, of New York, and a committee appointed by the National College of Pharmacy of the following members: W. S. Thompson, J. A. Milburn and S. E. Waggaman, M.D.

As soon as arrangements are completed a circular will be mailed to each organization whose credentials are received by me before April 10, and to any delegate who will forward his address on a stamped envelope inclosed to me.

As president of the convention of 1880 for the revision of the United States Pharmacopœia, I would report that up to the first day of March I have received certificates of credentials from the following list of delegates. [List too long for presentation here.] As there are a large number of delegates appointed whose credentials have not yet reached me, a supplementary list will be published later.

ROBERT AMORY,
President Convention, 1880.

P. O. Box 3281, Boston, Mass.

MEETINGS OF STATE MEDICAL SOCIETIES IN 1890.

The following is a list of State Medical Society meetings in 1890:

Arkansas, Little Rock, May 14, L. P. Gibson, Secretary, Little Rock.

Colorado, Denver, June 17, H. W. McLauthlin, Secretary, Denver.

Connecticut, New Haven, May 28, N. E. Wordin, Secretary, Bridgeport.

Dakota, Sioux Falls, June 12, R. C. Warne, Secretary, Mitchell.

Delaware, Wilmington, June 10, J. A. Ellegood, Secretary, Laurel.

Illinois, Chicago, May 6, D. W. Graham, Secretary, Chicago.

Indiana, Indianapolis, May 14, E. S. Elder, Secretary, Indianapolis.

Kansas, Salina, May 13, J. E. Minney, Secretary, Topeka.

Kentucky, Henderson, May 14, Steele Bailey, Secretary, Stanford.

Louisiana, Baton Rouge, May 13, P. B. McCutchon, Secretary, New Orleans.

Maine, Portland, June 10, C. D. Smith, Secretary, Portland.

Maryland, Baltimore, April 22, G. A. Taneyhill, Secretary, Baltimore.

Massachusetts, Boston, June 10, F. W. Goss, Secretary, Boston.

Michigan, Grand Rapids, May 20, Geo. Duffield, Secretary, Detroit.

Minnesota, St. Paul, June 19, C. B. Witherle, Secretary, St. Paul.

Mississippi, Jackson, April 21, W. E. Todd, Secretary, Jackson.

Missouri, Excelsior Springs, May 6, J. C. Mulhall, Secretary, St. Louis.

Nebraska, Beatrice, May 13, M. L. Hildreth, Secretary, Lyons.

New Hampshire, Concord, June 16, G. P. Conn, Secretary, Concord.

New Jersey, Schooley's Mountain, June 10, W. Pierson, Secretary, Orange.

New York, New York, October 22, E. D. Ferguson, Secretary, Troy.

North Carolina, Oxford, May 27, J. M. Hays, Secretary, Oxford.

Ohio, Columbus, June 3, G. A. Collamore, Secretary, Toledo.

Pennsylvania, Pittsburg, June 10, W. B. Atkinson, Secretary, Philadelphia.

Rhode Island, Providence, June 12, W. R. White, Secretary, Providence.

South Carolina, Laurens, April, W. P. Porcher, Secretary, Charleston.

Texas, Fort Worth, April 22, F. E. Daniel, Secretary, Austin.

Vermont, Rutland, June 26, Montpelier, October 9, D. C. Hawley, Secretary, Burlington.

Virginia, Rockbridge Alum Springs, August or September, L. B. Edwards, Secretary, Richmond.

Washington, Spokane Falls, May 14, C. L. Flannigan, Secretary, Olympia.

West Virginia, Wheeling, J. L. Fullerton, Secretary, Charlestown.

Wisconsin, Milwaukee, June 4, J. R. McDill, Secretary, Milwaukee.

RATES TO THE MISSOURI STATE MEDICAL ASSOCIATION MEETING.

The Committee of Arrangements has secured a one and one-third rate for round trip to Excelsior Springs, or connecting points, via the following railroads:

From all points in Missouri—

A. T. & S. F. and C. & A. (to Kansas City and Chillicothe).

C. B. & Q. and C. M. & St. P. (to Excelsior Springs).

C. R. I. & Pac. and H. & St. Jo. (to Kansas City and Liberty.)

Mo. Pac., St. L. K. & N. W. and Wabash (to Kansas City and Birmingham).

C. St. P. and K. C. to St. Joseph and return. At St. Joseph C. M. & St. P. ticket (and certificate to Excelsior Springs) can be had at the Union Depot.

To obtain this rate, it is necessary to buy a ticket at the starting point and the points where changes are made, and get proper certificates signed from the ticket agent; this must be countersigned at Excelsior Springs by the Secretary of the Association, and it will then procure a return ticket at one-third fare.

Appropriate blanks may be found at the ticket offices after May 2 and are good to May 10.

As soon as all the roads are heard from a printed circular will be sent to all members of the Association and such others as may apply, giving further information as to rates, etc.

SELECTIONS.

SHALL WE DISCARD THE PESSARY?

BY JOHN R. HAYNES, PH. D., M. D.,

Associate Professor of Gynæcology in the Medical College of the University of Southern California.

Read before the Los Angeles County Medical Society, Jan. 3, 1890.

At the October meeting of this Society, during a discussion on the use of sponge tents, a bright and able member, one of the best and most deservedly popular teachers in our local school, stated that he had long ago relegated the pessary and the tent to his drawer of antiquated curiosities. My colleague has many co-thinkers throughout the medical world. W. L. Atlee, America's noted ovariotomist, says: "I have had no experience with pessaries, at least with their introduction, but I have had a very long experience with their removal. I do not think there is a day when I am at home and in my office, that I do not have the pleasure of taking out a pessary. I have removed pessaries of all forms and sizes, and pessaries introduced by the most distinguished men of the profession."

Skene, in his last edition, in the best article yet published on the uses of pessaries, states: "At the present day, I presume, if the harm done should be placed opposite the good accomplished by all the pessaries in use, the result would be about equally balanced. It follows, then, as matters stand at this moment, it is a question whether the human race would be better or worse for the discarding of all pessaries."

During this flood-tide of medical literature it is given to but few to introduce things that are new. What the very great majority of us can do is to thoroughly familiarize ourselves with the principles of any contested plan of treatment, conscientiously apply them, and report success or failure.

And this is what I propose briefly to do this evening.

Those who have entirely discarded the pessary have done so because they are ignorant of the principles which govern its use. I say this with all due humility, fully recognizing the fact that it is impossible for even the greatest of minds to master the intricacies of all branches of the healing art; but recognizing, likewise, the great tendency of these same minds to jump at conclusions from *a priori* resoning, based upon a smattering of a subject not directly in their line.

Why the Pessary is Discarded.—We fail, of course, when by the introduction of a pessary we expect:

1. To straighten a uterus whose fundus, tender and subinvoluted, lies in Douglas' cul-de sac, bound down by fibrous bands probably of years' duration.

2. To relieve the symptoms produced by an inflamed ovary or tube, or a subserous fibroid lying in the recto-uterine pouch—supposing a retro-displaced uterus.

3. To relieve the symptoms produced by a movable retro-displaced uterus without replacing it. Or,

4. When we use a pessary that fits the vagina as tightly as a pair of corsets encircles the average woman's waist. Or,

5. One with a long posterior curvature when the posterior vaginal fornix is shallow. Or,

6. One with a short posterior curvature when the posterior fornix is deep. Or,

7. In cases of retro-version with marked flexion a pessary with a long, *sharp*, posterior curvature—one almost at right-angles with its sides. This, while relieving the version, increases the flexion; the posterior bar pressing into the angle formed by the flexed body with the cervix.

8. When we use, may be, a perfectly fitting pessary, but owing to inflammatory troubles of the vagina, uterus, or parametrium, or to its impinging on a prolapsed ovary, its presence is unendurable.

9. When we attempt to cure catarrh of the neck of the bladder by lifting a normally and physiologically anteverted and flexed uterus by means of those useless inventions, anteversion pessaries Or,

10. When we treat cases of flexion with the dangerous stem pessary and either kill the patient or set up a chronic pelvic inflammaition that is a hundred times worse than the orginal disease.

11 When we use a ring, ball, or extra vaginal pessary instead of a lever.

Ring Pessaries.—The use of the ring pessary is only justifiable in those cases of prolapsus when the closed lever pessary has failed to keep the uterus in position, or when from age or absolute refusal of the patient, the plastic operations for its radical cure cannot be done. It distends the vaginal walls in all directions and causes atrophy and increased tendency to colpocele.

Extra-Vaginal Stem Pessaries are only admissable in cases of women suffering from complete prolapsus with great pelvic floor and perineal deficiency or relaxation, who refuse to undergo the operations of colporrhaphy or perineorrhaphy; or in cases when from age or marked constitutional troubles, such as phthisis, the physician deems an operation unadvisable.

The Ball Pessary may be used instead of an extra-vaginal pessary; but in such cases a vulvar pad is necessary. Its really appropriate place is in the treatment of prolapsus in aged women who have moderately good perineums, but whose cervices are not invaginated, which condition prevents the use of the lever pessary.

The Stem pessary should be absolutely discarded. It generally causes endometritis, and often pelvic peritonitis and death. The cases of flexion in which it is used can, in the great majority of cases, be cured by

dilatation with gauze or wicking, or by forcible dilatation with steel-bladed divulsors(repeated several times if necessary) and a properly fitting lever pessary.

When the uterus is obstinately flexed and subinvoluted, straighten by dilatation, curette and remove a wedge-shaped piece from the cervix as in the operation for trachelorrhaphy. This is done at one sitting. Keep the patient in bed for a week or two, mostly in Sim's position, if retroflexion; on the back if anteflexion; and then introduce an accurately fitting lever pessary.

Anteversion pessaries are worse than useless, aud this, I believe, is the opinion of the majority of the profession. The normal position of the uterus is anteversio flexion, and unless there is an accompanying inflammatory trouble or stenosis, forward displacements do little or no harm. To correct an anteversion with an anteversion pessary it is necessary to elevate the vaginal wall far beyond its normal position. To do this requires marked pressure, which atrophies the muscular coat and distends the vaginal wall; and on the removal of the pessary prolapsus and cystocele are apt to occur. The pressure is necessarily very great because the posterior surface of the uterus receives a portion of the weight of the abdominal viscera and this, of course, is transmitted to the pessary, and the intervening tissues suffer.

The Closed Lever Pessary.—Backward displacements form 90 per cent of all those that we are called upon to treat. And here by skillful and careful use of the closed lever pessary we can do incalculable good. The practitioner who declines to be aided by its use should make haste to join the anti vaccination society. The original Hodge and Smith's modification of Hodge's hard-rubber closed lever pessary can be purchased in six or eight sizes, and at least one-half of the cases of retro-displacement can be fitted perfectly from this assortment, Emmett to the contrary notwithstanding, who shows to the awe-stricken spectator six hundred pessaries, no two alike, which have been in as many vaginas. The remaining one-half cases require pessaries that will need more or less change from the regular form, which can be done by heating in a sand bath that pessary that most nearly fits the patient's vagina, and moulding to a perfect fit.

How the Lever Pessary Acts—Passing from the second sacral vertebra to the cervix posteriorly and from the pelvic side walls to cervix laterally between the folds of the broad ligaments and from this symphisis pubis to the cervix anteriorly are bands composed of connective, muscular, and elastic tissue, which suspend the uterus by its cervix. The anterior and posterior supports are strengthened by the upper vaginal wall with which they are intimately connected. It is evident by reason of this arrangement that if the cervix be pushed or pulled toward the sacrum the fundus comes forward and it is also evident by reason of this arrangement that the use of the Hodge pessary is a truly scientific measure.

A retro displaced uterus being replaced, it is kept in position by the weight of the abdominal viscera upon its fundus and posterior aspect, and upon the posterior aspect of the broad ligaments. But a distended bladder pushes it back. Now, if a properly fitting Hodge pessary be in place, the posterior bar puts on the stretch the vaginal wall behind the cervix and pulls it backward, and when the distended bladder is emptied the fundus falls forward and all tension is taken from the vaginal wall until the bladder again fills. This lack of constant tension npon the tissues accounts for the impunity with which this pessary is worn for months and years without causing any trouble whatsoever, provided the patient uses occasionally the proper cleansing douches.

How to Apply the Lever Pessary.—If the physician has a long gynæcological finger, place the patient on her back; introduce tip of index finger behind the cervix to the top of the posterior fornix, place fingers of the disengaged hand upon the index finger or its knuckle on a line with the meatus urinarius, withdraw finger from the vagina and measure toward tip one inch, and the remaining distance gives the proper length for pessary.

With the fingers in the posterior fornix one can judge as to its depth; or, in other words, as to the extent of cervical invagination. This will be the length of the posterior curvature. One can judge as to the required width by introducing two fingers into the vagina and separating just in advance of the cervix.

Should the physician be unfortunate enough not to have a gynæcological finger (or should he wish to be more exact), place the patient in Sim's position, with Sim's speculum introduced, pass end of applicators, guarded with absorbent cotton, to the top of the posterior fornix; put finger on the applicators one inch from pubic arch, and the distance between the end and the finger represents the desired length. He can judge of the length of the fornix after introducing applicators as before by seizing them with another pair of applicators on a level with the face of the cervix. This gives the required length of posterior curvature. The width of the vagina can be ascertained by separating the blades of the applicators (the points being just in advance of the cervix) and noticing the distance the blades are separated. The physician has now all the measurements, and can readily determine if he has a pessary among his assortment that answers the purpose. If he has not he should heat the pessary that nearly fits and mould as desired.

How to Replace the Uterus—The bladder being empty, place the patient in the knee-shoulder position;introduce Sim's speculum if an assistant be present, if not a bi- or tri-valve; swab cervix with a bichloride solution and seize anterior lip with a double tenaculum with converging points (bullet forceps) and pull cervix forward so as to disengage the fundus from the promontory of the sacrum; then sweep the cervix backward and upward. This maneuver will answer the purpose in a great many cases. If not, after pulling the cervix forward, introduce index finger into the rectum and press between

the sacro-uterine ligaments the fundus uteri downward and forward. This procedure never fails unless the uterus be bound down or very greatly flexed. Then introduce the pessary.

I frequently take measurements and introduce a pessary, the patient being on her back, and her uterus retro-displaced. Then I have her assume the knee shoulder position, and passing the index finger between the pubic arch and anterior bar of the pessary, press the cervix backward and, at the same time, press the anterior bar upward and backward and the uterus falls into place.—*South. Cal. Pract.*

SOME URINALYSIS "DON'TS."

BY DANIEL MORTON, M.D., ST. JOSEPH, MO.

Professor Dermatology and Genito-Urinary Diseases, Ensworth Medical College; Attending Physician, Home of the Friendless.

Read before the St. Joseph Medical Society, January 11, 1890.

Don't call the urine a "secretion," it is an "excretion."

Don't fail to make frequent urinalyses in long continued cases of sickness. The condition of the patient varies at different times and so does the urine.

Don't imagine that the sp. gr. is a fixed quantity. It is relative, varying with the rapidity of kidney elimination and the quantity of the urine excreted.

Don't estimate the significance of the sp. gr. unless the quantity excreted for twenty-four hours be known.

The sp. gr. indicates the amount of solid matter being excreted by the kidneys, and to a certain extent the character of the ingredients. The kidneys do not excrete at a uniform speed during the twenty-four hours, and therefore the urine is more concentrated at one time than at another. If the sp. gr. be taken only when the kidneys are particularly active, the estimate of the solid ingredients eliminated will be too great, if taken only when the elimination is proceeding slowly the estimate will be too small. The best way, therefore, to arrive at a proper estimate is to save all the urine passed in twenty four hours and take the sp. gr. of the collected amount. But this is not all. The normal sp. gr. of urine is near 1020, provided 1500 cc. be eliminated, the normal quantity of urine. But now suppose, 3000 cc. have been eliminated, but the urinometer still reads 1020. Are not the conditions changed? Has it not taken a larger quantity of solid constituents dissolved in the 3000 cc. to raise its sp. gr. to 1020? Is it not clear therefore, that we must know the quantity of urine in order to properly estimate the quantity of solid matter excreted.

Don't examine a "sample" of urine, but whenever practicable get the whole twenty-four hours' urine and examine a specimen from this.

Don't begin to estimate the quantity of urine passed in twenty-four hours when the bladder is full, empty the bladder and let the reckoning count from the time of the last urination. Begin on an empty bladder and end on an empty bladder.

Don't fail to ask your patient for urine passed before breakfast, if it is impossible to get the whole twenty-four hours' amount. It is the blood urine.

Don't put the specimen on the shelf and let it undergo all kinds of changes before examining it. Such a specimen will tell nothing about the condition of the patient.

Don't leave specimens of urine uncovered. Dirt may fall into it and chemical changes are hastened by exposure to the air.

Don't get the urine in a dirty vessel. Bottles that are macroscopically clean are microscopically filthy.

Don't forget that winter urine has a higher sp. gr. than summer urine, because the skin and other emunctory organs are not so active.

Don't think you have examined the specimen because you have made a chemical analysis.

Don't fail to examine every specimen with the microscope.

Don't make a microscopical examination until the urine has been placed in a conical glass and the sediment given time to settle,

Don't take a specimen of the sediment from the bottle. Casts are most apt to be found upon the topmost layers, because they are light and consequently are the last things to settle.

Don't think that casts mean recent nephritis.

Don't say that a patient never has albumen in his urine because one examination fails to reveal it. Albumen may appear in the urine at intervals of considerable time, even though the patient have an ever-present nephritis.

Don't forget that other symptoms of nephritis precede those of albuminuria and casts.

Don't think that oxaluria is an insignificant affair. It may cause a nephritis. Remember that each crystal has eight dagger-like points.

Don't forget that cubebs and copaiba cause a condition of the urine that responds to the test of albumen.

Don't fail to filter, before examining the specimen for albumen.

Don't attribute unimportance to a negative urinalysis. It may be as important as a positive one for the exclusive method of reasoning is the best way to reach a diagnosis.

Don't neglect to look for urea in all cases of persistent headache.

Don't forget that urinalysis is a most important measure in the detection of the threatening uræmia of pregnancy.

Don't look in the urine for the diagnosis, prognosis and treatment of a given case. The urine is only one of the many things to be considered and does not reveal every thing about the patient's malady.

Don't fail to keep a record of every urinalysis. Much valuable information of a practical nature can be obtained by collating these examinations.

Don't forget that, chemically speaking, the important things to look for are albumen, sugar, urea.

Don't forget that, microscopally speaking, the important things to look for are casts, tyrosine, leucine and oxalic acid.

Don't forget Dr. Formad's summary of urinary sediment. It is as follows: A sediment has no significance unless formed within twenty hours after the urine has been passed. Every white crystal is a phosphate or an oxalate, the distinction may be made by the microscope. Every yellow crystal is uric.acid if the urine be acid. A urate if it be alkaline.

Don't fail to charge for the urinalysis when making out your bill.—*St. Joseph Med. Herald.*

Third and Edmund Street.

A PROFESSIONAL LEG-BREAKER.

The daily papers give an account of the curious method of making an honest living followed by Mr. E. L. Landers, of —most anywhere. The *Republic* says:

"Landers is said to be a professional leg-breaker, and his little game possesses greater interest, when it is known that this man who works the unique "racket" of pretending to break his leg in order to collect damages for the supposed injury has only one leg and is compelled to use crutches. According to the Wichita dispatch he represented himself as a telegraph operator who was to have charge of the postal telegraph office in that city as soon as the line reached there. He remained about town for a month until he found an inviting piece of defective sidewalk, suitable for his purpose, when he stuck his crutch through the hole and fell screaming to the ground, declaring that he had broken his leg. He was carried to a hospital and after a week's time, durwhich he negotiated a compromise with the city authorities and collected $1,000 damages, a confederate, claiming to be his nephew, appeared and took the wounded man away on a stretcher, saying that he was going to St. Louis. Before the train was fairly out of Wichita Landers was laughing and boasting over his successful scheme to beat the town. The Wichita story is in exact accord with the artistic methods of a one-legged sharper who about 1878 struck his crutch through a coal-hole grating here and falling heels over head claimed to have sustained injuries for which he succeeded in collecting something like $1,500 from the city He is described as a fine looking fellow, well dressed and wearing a silk hat. He lost one leg in a railroad accident, and having collected a good round sum in damages for it, adopted the profession of leg-breaking in order to earn a livelihood. He probably argued that as he had made more money in that line than in any other he was especially fitted by natural talents to achieve distinction in this direction. But as it would be rather awkward to lose his remaining leg altogether he modified the idea and contents himself with collecting the smaller amounts which ordinary fractures of the hip joint entitle such an expert "fine worker" to receive.

"He first appeared here in 1874 and succeeded, it is alleged, in beating the Life Association of America. After remaining for some time in the hospital he was removed on a stretcher to an Illinois village, from which point the negotiations for damages were conducted, by correspondence, until finally a point of agreement was reached and an agent of the company was sent to pay him the money. This being accomplished the agent returned to the depot to take the train back to St. Louis when he was surprised to see the supposed sufferer stumping around on his crutches on the depot platform laughing and jesting over the ease with which he had beaten the corporation.

"He afterwards fell off a Wabash train at Edwardsville and claimed to have sustained serious injuries, but in this case the company's attorneys beat him and proved him to be an imposter. In 1879 he stumbled into the telegraph office at the Union Depot here, when Henry C. Mahoney, the superintendent, catching sight of him put him out, with the curt remark that he didn't want him to stick that crutch into a cuspidor and fall down, as it was too expensive a performance for the company to stand. He beat the Missouri Pacific and several other railroads and municipalities at different times, it is claimed, and manages to get enough at each successful venture to carry him along for a year or 18 months, by which time the memory of his trick fades out of the public mind, when he again bobs up serenely."

How Soon After Delivery Does the Responsibility of the Accoucheur Cease.—Dr. H. C. Coe read a paper with the above title. It covered a larger ground than the title indicated. Many of the complaints for which women consulted gynæcologists were due to too early dismissal of confinement cases by the physician, but more especially, as appeared from the paper, to want of proper management during the time the patient was under the physician's care. He was convinced that there were excellent general practitioners who still paid as little attention to whether there was a rupture of the perinæum after labor as did midwives. As to laceration of the cervix, he was satisfied that not one physician out of ten inquired after a labor regarding that point. The author thought in every case where there was laceration of the perinæum it should be repaired at once. The immediate operation for laceration of the cervix should not be done except in severe cases where there was danger from hæmorrhage. But if the cervix were supposed to be injured, strict cleanliness and vaginal antisepsis should be kept up for days subsequently by the use of the douche and the introduction against the cervix of a suppository of iodoform. After closing the tear in the perinæum a pad of absorbent cotton or bichloride gauze should be applied, and the urine drawn every six hours.

If the uterus showed a tendency to remain large and to fall backward, it was his csstom to introduce a pessary for two or three months, on the principle that "A

stitch in time saves nine." If there was any leucorrhœa, back ache, or other symptoms, the patient should be kept under observation until the physician could feel assured that the pelvic organs had returned to a normal state. It was not uncommon, he thought, to mistake mild forms of septic infection, which might lead to abcess of the broad ligament, etc., for difficulties connected with lactation. He believed the majority of cases of pyosalpinx in married women had their origin is labor or abortion, and it was unnecessary in these patients, as a rule, to seek a cause in gonorrhœa.—*Med. Rec.*

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service.

FOR THE TWO WEEKS ENDING APRIL 4, 1890.

Bailhache, P. H., Surgeon. To represent M-H. S. at meeting of California State Board of Health. April 4, 1890.

Wyman, Walter, Surgeon. To proceed to Wilmington, Del., on special duty. March 27, 1890.

Carrington, P. M,, P. A. Surgeon. Granted leave of absence for thirty days on account of sickness. March 28, 1890.

Pettus, W. J., P. A. Surgeon. Granted leave of absence for sixty days, with permission to go abroad. April 2, 1890.

Heath, F. C., Asst. Surgeon. To rejoin station, Detroit, when relieved at Cleveland. April 3, 1890.

Kinyoun, J. J., Asst. Surgeon. To proceed to Wilmington, Del., on special duty. March 28, 1890.

Stoner, J. B., Asst. Surgeon. Relieved from special duty on floating hospital "Stevens;" ordered to assume command of the Service at Pittsburg, Pa. March 28 and April 4, 1890.

Condict, A. W., Asst. Surgeon. To proceed to Cleveland, Ohio, for temporary duty. April 2, 1890.

Guiteras, G. M., Asst. Surgeon. When relieved at Pittsburgh, Pa., to proceed to Marine Hospital, New York, N. Y., for duty. April 3, 1890.

Pettus, W. J., P. A. Surgeon. Promoted and commissioned Past Assistant Surgeon by the President. February 26, 1890.

USEFUL FORMULÆ.

Caustic Paste for the Removal of Epithelioma. At a recent meeting of the New York Dermatological Society (*Journal of Cutaneous and Genito-Urinary Diseases*, February, 1890), Dr. Lewis presented a case which had been satisfactorily treated by means of the following elaborate paste, which was first described by Dr. Bougard, of Brussels:

℞ Wheat flour, - - - parts, 60.
Starch, - - - - - " 60.
Arsenic, - - - - - - part, 1.
Cinnabar, - - - - - parts, 5.
Ammonium chloride, - - " 5.
Mercuric chloride, - - part, 0.5
Saturated sol. of zinc chlor., - parts, 245.

The first six ingredients are separately ground to a fine powder, and mixed in a mortar. The zinc chloride solution is then slowly added while the contents are rapidly stirred. The soft mass is then poured into an eathern pot, and, if covered, will keep in good condition for months.

In the case reported, the outer horny covering of the epithelioma was first removed with liquor potassa, the paste was then applied and allowed to remain for thirty hours, after which poultices were applied for three days. At the end of that time the slough came away, leaving a healthy granulating surface.—*Med. News.*

Inhalation in Phthisis Pulmonalis.—

℞ Creasoti,
Sp. chloroformi,
Alcoholis, - - - - aa p. æq.—M.

Sig.: Five to twenty drops to be used on the inhaler every three hours. (Robinson's Perforated Zinc Inhaler.)

℞ Iodoformi, - - - - - gr. xxiv.
Creasoti, - - - - - - ♏ iv.
Ol. eucalypti, - - - - ♏ viii.
Chloroformi, - - - - ♏ xiviii.
Aetheris, - - - - aa q.s. ad f ℥ss.—M.

Sig.: Five to twenty drops to be used on inhaler every three hours.

In conjunction with this, creasote given internally (♏j-ii glycerin and whisky) every three hours; with the hypophosphites, gave satisfactory results.—Wm. Perry Watson, M.D. in *Va. Med. Monthly*, October, 1889.

Caries of the Teeth.—According to Miller, the following formula is one which will be useful in the prevention of dental caries. It contains of

℞ Thymol, - - - - - - grs. 4.
Benzoic acid, - - - - - grs. 45.
Tincture of eucalyptus, - ounce, ½.
Alcohol, - - - - - ounces, 3.
Essence of peppermint, - drops, 10.—M.

Or,

℞ Thymol, - - - - - - grains, 3.
Benzoic acid, - - - - - " 45.
Tincture of eucalyptus, - ounce ½.
Chloride of mercury, - grains, 10.
Essence of peppermint, - drops, 10.—M.

For these to prove efficacious, it is necessary that the mouth should be thoroughly rinsed, and that the liquid should find entrance into the spaces between the cheek and the gums, and also the spaces between the teeth. Particularly is this the case after animal foods have been taken.

ORIGINAL ARTICLES.

FOLIE MUSCULAIRE, WITH REPORT OF A CASE.

BY CORNELIUS P. HARRIGAN, M.D., OMAHA.

Read before the Medical Association of the Missouri Valley, at St. Joseph, March 20, 1890.

I have adopted the French term of folie musculaire in describing a condition which the great majority of English writers speak of as chorea major.

Authors describe this condition as an advanced or aggravated form of chorea minor, or, in other words, that it is a condition characterized by an involuntary contraction first of a single muscle or a group of muscles, generally extending until all of the voluntary muscles of the body are involved.

In examining the literature upon the subject of folie musculaire, or insanity of muscles, I have failed to find the record of a case the history of which is so interestingly unique as that of the case which I am about to report.

During my term of service as a visiting physician to Douglas County Hospital, in the City of Omaha, it was my fortune to meet the following case:

April 25, 1888, George D., æt. 27 years, American, occupation laborer, was admitted to the hospital with the following history:

Both parents, two brothers and two sisters still living; absence of history of tuberculosis, hysteria, epilepsy, insanity, or neurasthenia, in the different branches of the family. The patient's health had always been perfect. He married at the age of 17. Six years later, while engaged as a laborer in a smelting works. He met with an accident in which his right forearm became entangled among some machinery injuring it so severely that it was necessary to amputate at the junction of the middle with the lower third.

After recovering from this injury he followed various occupations as a laborer up to the time of his attack of muscular disturbance. He never used stimulants, never indulged in sexual excesses, though in his moderate indulgences in the sexual passion he was unfortunate in contracting a sore upon the penis which undoubtedly was a Hunterian chancre; the sore however healed by unaided local treatment. Upon inspection I found numerous copper colored spots scattered over various parts of the body.

The appearance of this chancre was about two years previous to his attack of muscular insanity. The patient had never suffered an attack of rheumatism or eruptive fevers. He had never, previous to this attack, been subjected to any of the emotional disturbances of fright, sorrow, discontent or excessive joy.

On April 23, 1888, two days previous to the patient's admission to the hospital, while at work he became very much heated and drank a large quantity of water. Immediately after drinking the water he became speechless, this condition lasting about ten minutes, when he regained his voice, and resumed and completed his day's work. He also worked the following day and retired to bed that night feeling as well as usual. When he awakened the following morning he found all of the muscles of the head, neck, trunk, both lower and upper extremity completely beyond his control. Twenty-four hours later when admitted to the hospital all of the voluntary muscles with the exception of the sphincters were involved.

The features underwent every variety of contortions. The brow at times would knit, then would immediately expand. The eyebrows at one instant would be elevated, the next depressed. The eyelids closed and opened alternately; the eyeballs rapidly rotated in every conceivable direction.

The labial-commissures would be drawn outwards and as quickly retracted.

These antithetical movements succeeded one another so rapidly that the face presented in quick succession the most extraordinary expressions of anger, vexation and delight.

The jaws would separate, then close with much violence; at times the tongue and cheeks were bitten so badly that they bled profusely.

The muscular contractions jerked the head from one side to the other. These movements, added to those of the jaws, tongue and head, gave the patient rather a comical appearance.

The upper extremities executed every variety of movements, the shoulders in one second being elevated, then lowered, then being suddenly drawn backward or forward.

The arms and forearms at times were violently moved at the shoulder and elbow joint in every imaginable direction.

The hand was alternately supinated, pronated, flexed and extended. The gesticulatory agitation which these movements produced defies description.

The disorderly and unequal contractions of the muscles of the trunk produced such sudden antero-posterior and lateral deviations of the vertebral column that it was utterly impossible for the patient to retain either the sitting or recumbent position. The lower extremities were continually in a state of agitation by the constant irregular muscular contraction, causing in rapid succession abduction, adduction and rotation of both thighs, either simultaneously or alternately, the feet in the meantime performing eversion and inversion, besides the toes undergoing all sorts of contortions, so that locomotion was among the impossibilities.

The patient was placed in a well padded cell in the insane department of the hospital where the poor fellow tumbled about, going through antics very much like those performed by a decapitated chicken.

The faculties were seemingly unimpaired. On the patient being asked to show his tongue, he protruded it

with a jerk, the mouth opened unnecessarily wide, the tongue was immediately withdrawn and the jaws were closed with violence.

The convulsive action of the facial muscles made speech very difficult, his articulation being irregular, jerky and stammering. At times his speech was so disordered as to be almost unintelligible. These spasmodic contractions extended to the muscles of mastication and deglutition and necessitated forcible feeding per stomach tube. The patient had been unable to sleep for 36 hours previous to his admission to the hospital.

April 25, 1888, day of his admission, he was given 30 grains of sulfonal every two hours, which was continued for 12 hours with no effect. Neither was sleep induced nor were the abnormal contractions diminished.

April 26, 1888, the patient was placed on a saturated solution of iodide of potassium, so that he received ten grains every two hours until 6 o'clock that evening, when the dose was increased to 20 grains every two hours.

At 9 P. M. he was given 15 grains of chloral hydrate and 40 grains of bromide of potassium. He slept about 30 minutes during the night; during this interval muscular contractions ceased, but resumed with all their former violence when the patient became awake.

April 27, 1888, muscular activity was undiminished; we increased the dose of kali iodidum to 30 grains every two hours. At 8 P. M. he was again given 30 grains of chloral hydrate. The patient slept comparatively well during the night.

April 28, 1888, muscular movements less violent. Increase of the dose of iodide of potassium to 40 grains every two hours. 10 P. M. gave chloral hydrate 30 grains. Patient rested well during the night.

April 29, 1888, 10 A. M. Muscular agitation materially diminished. Increased the dose of iodide to 45 grains every two hours. 10 P. M. he was given 30 grains of chloral. Patient slept well during the night, the muscular movements having now subsided so that he could be fed without the use of the stomach tube.

April 30, kali iodidum increased to 50 grains every two hours. No chloral given at night and the patient rested well.

The iodide of potassium was continued in 50 grain doses every two hours until May 11. The recovery from the abnormal muscular movements was now complete. The patient tolerated the iodide without any gastric disturbance or any other unhappy effect.

This tolerance of the drug is in itself conclusively significant of the fact that he suffered from specific infection. The dose was now diminished so that he received 30 grains of the drug each day, which he continued 3 weeks longer when it was withdrawn and the patient left the hospital apparently well. I instructed him however upon the necessity of continuing the use of the drug for at least another year.

During the past 20 months the patient has been entirely free from any evidence of premonitions of a second attack.

I feel that from the history of this case you will readily recognize that the term folie musculaire or insanity of the muscles is not only in accordance with the strict laws of propriety but also nominates the described condition in an intelligent, scientific manner.

Summary of Case.

First, absence to predisposition of neurotic troubles; second, the nonexistence of a preceding clonic spasm of a muscle or a set of muscles; third, the premonitory symptoms of a choreic convulsion whenever manifest at any period previous to the attack; fourth, the mental condition remained clear and unclouded; fifth, the treatment diagnosed the causitive agent in the production of the abnormal condition.

To my mind there is no doubt that this condition of the muscular system was induced by specific infection. As to how it produced this effect, I am unable to say.

DO OTOLOGISTS RECOGNIZE THE INFLUENCE OF NASAL DISEASES OF THE EAR?

BY J. B. SHAPLEIGH, A.B., M.D., ST. LOUIS, MO.

In the introductory editorial of the second volume of the *Journal of the Respiratory Organs* (January 1890) occurs the following:

"The developments of the past five years, have tended to bring the science of otology in closer relationship with rhinology. The brilliant results obtained in tinnitus, chronic otitis media and allied affections, through the medium of nasal surgery, open a field of investigation hitherto in great part disregarded. We trust that this journal may be the means of elucidating some of the problems which have disturbed otologists. There is no excuse, if it be true, that the laryngologist of today is lacking in practical knowledge of the tuning fork in the investigation of diseases of the internal ear, but greater by far is it a reflection upon the otologist that so many cases of aural disease have been allowed to go unrelieved, by reason of a disinclination on the part of the latter to give heed to the important advances made in nasal surgery."

The leading article is by Dr. Wm. H. Daly, of Pittsburg, on "The Relation of Naso-Pharyngeal Disorders to Deafness and General Ear Affections," with remarks as to treatment. In it the author charges aurists with neglecting naso-pharyngeal disorders as the cause of ear troubles and with carelessness or ignorance in treating them.

The animus of the article may be shown by a few extracts.

After alluding to the former and present paucity of aural therapeutics and the pernicious advice of general practitioners (now vastly in the minority, I think) to their patients to avoid all treatment for ear disease, he says:

"Now, I should say, before proceeding further, that

while the therapeutics of the ear specialist has been a ringing of the changes upon lotions, leeches and insufflations, some of them have for a number of years recognized the necessity of inspecting the naso-pharynx and have admitted that the origin of a large proportion of the catarrhal and other inflammatory ear diseases is in the naso-pharynx, and yet there is at best in the text books of to-day upon the ear only a routine and stereotyped manner of adverting to the subject, with little stress upon the need for operative surgical measures and little pertinent teaching of practical use to the practitioner, as a guide in taking hold of a case and effecting a cure by striking at the root of the ailment and removing its cause, when located in the naso-pharynx."

"The brilliant advancement of intra-nasal surgery in the past ten years has brought with it many valuable lessons not only to the old-fashioned laryngologist, but to the old-fashioned otologist as well."

"The otologist of to-day can, if he will, learn a valuable lesson from the advanced and advancing laryngologist and rhinologist. Yes, he can learn that to cure his cases of inflammatory internal (?) and middle ear diseases he must look to the throat and nares, and endeavor to ascertain if there does not exist here the central disease, and if so, consequently here are the parts in which to lay the foundation of a permanent cure."

Now here are two direct issues raised. Do otologists recognize the influence of naso pharyngeal conditions upon the ear? Do their text books present any adequate treatment for these conditions?

In regard to the first proposition, Dr. Roosa, in the discussion on this paper before the Section of Laryngology of the New York Academy of Medicine, said that in 1844, James Yearsley, of London, wrote a work on "Throat Deafness." He referred also to the contributions of Wilhelm Meyer, in 1872 and 1873, on "Adenoid Vegetations," which appeared in the *Archives of Aural Surgery*.

Turning to the text-books of otology, we find Burnett saying (A Treatise on the Ear, 1884, pp. 381-2):

"The changes in the nares, often attending, and apparently in many cases promotive of chronic aural catarrh, may be very great. There is what in brief, may be termed hypertrophic catarrh of the nares in these cases. The hypertrophy is usually found on the inferior turbinated bones, though it may invade all the membranous structures of the nostrils, either on the turbinated bones or upon the septum. * * * There are often found enchondromatous enlargements on the septum, and other forms of obstruction in the nares in the subjects of chronic aural catarrh. These obstructions interfere with normal nasal respiration, and lead to mouth breathing. The Eustachian tube, deprived of the natural stimulus of nasal respiration fails to become patulous as often as it should, and may remain closed for long periods, and the drum cavity is thus deprived of its normal quantity of ventilation. This condition in turn, fixes the ossicles, retracts the membrana tympani, and tends to the production of anchylosis in the sound-conducting apparatus of the middle ear."

Albert H. Buck, ("Manual of Diseases of the Ear," 1889, pp. 154-5) speaks as follows:

"In the group referred to, a more or less permanent *obstruction of the nasal passages* constitutes a prominent and perhaps, even the chief factor in the production of the deafness. * * *

When the nasal passages, however, become obstructed the acts just mentioned (breathing, gaping, swallowing, etc.) produce, at frequent intervals throughout the day, a condition of rarefaction in the air of the middle ears. The effect is very nearly the same as that produced by obstruction of the Eustachian tube.

In all the cases that I have seen, these conditions have been associated together in such a manner that I have not been able to distinguish between the effects produced by the obstruction in the nasal passages, and those produced by the contemporaneous naso-pharyngeal, Eustachian and middle ear catarrh. I fully believe, however, that it is an important co-operating factor, and that permanent benefit can scarcely be attained in these cases so long as a nasal obstruction is allowed to remain."

Politzer (Text Book of the Diseases of the Ear. Cassell's Translation, 1883, pp. 275-6) says:

"Chronic naso-pharyngeal catarrh, and the changes in the naso-pharynx produced by them, have a no less important bearing on the course and issue of the affections of the ear under discussion, (middle ear catarrh). Not only are they frequently the chief cause of the disease of the middle ear, but its catarrhal condition is maintained by the continuance of the naso-pharyngeal affection. * * * Considering the importance of this subject, we will therefore, at the close of this division, devote a special chapter to the pathology and treatment of naso-pharyngeal diseases in their relation to affections of the ear."

In this chapter he mentions especially as causes of middle ear troubles, acute and chronic naso-pharyngeal catarrhs, adenoid vegetation, swellings (hypertrophy) of the turbinates, polypi and malignant new formations in the naso-pharynx.

From these references it seems to be clearly established that otologists have not failed to recognize the importance of naso-pharyngeal disease in the causation and maintenance of middle ear affections and consequently the first charge brought against them by the author is not sustained.

There remains the second point, that the text-books on the ear give no adequate treatment for these associated and often causative naso-pharyngeal troubles.

In regard to this we must admit that, while we find in them, general directions for naso pharyngeal *therapeutics*, little is said of *intra-nasal surgery*, which is the point the author raises. But the description of such surgical procedures finds a fitter place in works on nasal disease than in treatises on the ear, and the latter are explicit enough on the subject of the obstructive disease in the naso pharynx to impress the student with their importance and to direct him to the proper source

of information as to their treatment. Thus Burnett (loc. cit. p. 396) closes his remarks on naso-pharyngeal treatment as follows: "I must refer to purely rhinological sources for directions for the treatment of posterior hypertrophies of the turbinated bones, adenoid growths, polypi of the nose, and major operations on the naso-pharynx."

Remarking that we do not now treat the internal ear with "insufflations and catheterizations" and that it is hard to see how intra-nasal surgery can benefit or cure internal ear disease, I fully agree with Dr. Daly when he says:

"That it (intra naso-pharyngeal surgery) is useful to the aural surgeon in curing his cases of middle and internal ear disease can no longer be doubted." And that "the aural surgeon who now continues to limit himself to the old method of treating the internal ear with lotions, and the internal and middle ear with insufflations and catheterizations, totally ignoring the true central origin of at least eighty-five per cent of his inflammatory cases in the naso-pharynx, is not alive to the advancement in the proper therapeutics of the ear. He is not competent to practice the specialty, much less to teach.

While admitting the need for removal of nasal obstruction of any kind in treating aural disease, I am of the opinion that in many cases this will not set a bound to the process going on in the tympanum but that the latter may advance in spite of the restored nasal respiration.

In view of the training now given aurists, and as a young otologist myself, I must protest against this description of an aural examination as given by Dr. Daly.

"The young laryngologist thinks it beneath him to cease making his patients sing "oh" "ah" and "E" with a mirror in the throat, where there may be little else than the normal larynx to see. It would break the golden rule and fly in the face of the learned professor, his teacher. So the young otologist looks at the ear drum or looks for it. Then with the mysterious Politzer's bag he insufflates according to rule and routine, yet neither of them will look for central disease in the naso pharynx, and if they do and find it to be an occluding hypertrophy of the turbinates or other proliferation of an inflammatory character, they will even then do no more than employ a spray or something else that can do little more than temporize or cleanse."

While there is still much to learn in regard to aural disease and treatment, the body of modern otologists has not been backward in appreciating and appropriating the advances made in collateral specialties and the charges made in this article do not seem to be justified by the facts.

Ringing to Grog.—In olden time in Portland, Me., everybody took a drink about eleven o'clock, and that none might forget to do so the town ordered the ringing of the bell at that hour.

REPORT ON PROGRESS.

GYNÆCOLOGY.

BY F. D. MOONEY, M.D., ST. LOUIS.

Hydrastine in Gynæcology.

Dr. Edmund Falk, (*Ther. Gaz.*) suggests this new alkaloid as a remedy for the treatment of uterine hæmorrhages. He claims that it is more prompt and sustained in its action than ergotine.

He reports twenty-six cases successfully treated with it. It was given in a five or ten per cent solution. No local irritation followed its use.

Intra-Uterine Therapeutics.

Dr. Andrew F. Currier divides intra-uterine therapeutics into three classes. (1) Treatment by irrigation; (2) treatment by the application of solutions, pastes or powders; (3) treatment by curette.

In every case it is desirable that the uterine cavity should be sufficiently dilated to furnish free drainage.

Artificial dilatation must often be resorted to. Capillary drainage may be utilized by the occasional use of a small tent of iodoform or bichloride gauze.

In puerperal cases irrigation with hot antiseptic solutions, with or without the curette, will be of great value.

In non-puerperal cases irrigation is seldom indicated, the dangers greatly over-balancing the good to be accomplished.

Intra-uterine applications of solutions, powders and pastes are not of general utility.

In puerperal cases when there is threatened sepsis, the introduction of iodoform is recommended. Powerful astringents or antiseptics may be used upon the mucous membrane of such cases, especially after the use of the curette.

In non-puerperal hæmorrhages they are often used to advantage.

In general, the application of pastes or ointments is not advisable.

They may afford benefit but it is only temporary, the cause of the trouble not being removed.

He claims that the treatment by the curette is far more valuable in a large class of cases than any other treatment.

It is the only treatment indicated for the removal of shreds of membrane or portions of the placenta.

It is advantageously used in softened and thickened conditions of the endometrium. The mucous membrane is stimulated to healthy action and the cure is prompt.

In hæmorrhages from a villous, papillary, or fungoid endometritis the curette relieves the condition as certainly and rapidly as the galvano-cautery.

Careful curetting relieves thickened and hypertrophied conditions of the mucous membrane more certainly than any other remedy.

In malignant disease, next to a radical operation, the use of the curette, followed by actual cautery or powerful caustic, is of the greatest value.

In two classes of puerperal cases, the curette is contra-indicated. (1) That in which the patient is greatly prostrated from hæmorrhage, and (2) in which there exists retroflexion with fixation.

In these cases it is better to wait and run the risk of sepsis than to proceed at once.—*N. Y. Med. Jour.*

The Abuse of Uterine Treatment Through Mistaken Diagnosis.

In an article under the above title, Dr. Wm. Goodell (*Med. News*) vigorously protests against the too prevalent method of treatment for neurasthenic patients having the many and varied recognized uterine symptoms.

The condition is a common one and the marked uterine symptoms often obscure the real disease which is nervous in its origin.

He condemns no recognized gynæcological treatment but points out how other conditions may simulate disease of the uterus or its appendages.

The article has, however, been utilized by the over critical, to ridicule gynæcology in general.

In a recent editorial in one of the English medical journals, the author uses Dr. Goodell's article as the basis for an attack upon almost every gynæcological procedure, past and present.

Dr. Goodell does not disparage the treatment of uterine diseases but tries to indicate how other diseases may be mistaken for them.

The symptoms are so numerous in the neurasthenic cases that we are often misled by their multiplicity.

He says: "We are likely to be misled first, by symptoms which by common consent are deemed peculiar to uterine disease.

Secondly, by the coexistence of actual uterine disease, to which we are apt to attach undue and overshadowing importance." The human mind, bewildered by a multiplicity of details, does not catch the meaning of their aggregate.

He suggests the following helps to diagnosis, viz: First, always bear in mind that "women have some organs outside of the pelvis."

Second, each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

Third, scant or delayed, or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease.

Fourth, anteflexion is not *per se* a pathological condition. It is so when associated with sterility or painful menstruation and only then does it need treatment.

Fifth, an irritable bladder is more often a nerve symptom than a uterine one.

Sixth, in a large number of cases of supposed or of actual uterine disease which displays marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic and must be treated as such.

Seventh, almost every supposed uterine case, characterized by excess of sensibility and by scantiness of will power, is essentially a neurosis.

Eighth, in the vast majority of cases in which a woman takes to bed and stays there indefinitely, from some supposed uterine lesion she is bedridden from her brain and not from her womb.

Lastly, uterine symptoms are not always present in cases of uterine disease, nor when present, even urgent, do they necessarily come from uterine disease, for they may be merely nerve counterfeits of uterine disease.

TRANSLATION.

IMPOTENCE IN THE MALE, AND ITS TREATMENT.

BY DR. LEOPOLD CASPER, OF BERLIN.

Translated by Wm. N. Beggs, A.B., M.D., St. Louis.

By impotence we understand complete lack or diminution of ability to copulate. This disease is, in the narrow sense of the term, called impotentia cœundi, as opposed to impotentia generandi, which is a defect in the ejaculatory fluid, or in other words, the impregnating power of the semen. The one as well as the other, artificial impregnation being excluded, renders the individual incapable of contributing his part to the propagation of the race. With few exceptions, to which I shall return, those who are unable to copulate are also unable to impregnate; while, on the other hand, lack of impregnating power in the semen does not at all necessarily imply inability to copulate.

There are many individuals who are not able to impregnate, but are capable of normal cohabitation. On the other hand there are many persons whose testicles produce a completely normal and functionally perfect secretion, who are, therefore, not at all sterile in the strict sense of the word, but whose inability to bring about an immissio penis causes their sterility. In these I do not include certain exceptional cases, in which with partial or completely failing erection an ejaculation occurs which, deposited in the introitus of the female genitalia, leads to impregnation.

We are here concerned with the impotentia cœundi, the more important of the two diseases. As the potentia cœundi in the male, normal sexual organs being presupposed, consists essentially in a normal erection, so the impotentia cœundi is characterized by the total failure of erection, or the erection is only partial. This deficiency may be at the time during which the rigidity of the member persists, or the stiffening of the organ does not reach the degree necessary for an erection.

In short, the condition for potency is a normal erection; therefore I shall first consider in what manner and by what means an erection is accomplished. It is generally known that erection is under the influence of the nervous system, and it may originate from three

parts of the same: from the brain, from certain peripheral nerves, and from the spinal cord from which the nerves arise.

Anatomically these nerve tracts influencing erection have been demonstrated in the dog by Eckhard[1], and there is no reason to suppose that these relations in man are different from those in the lower animals. According to Eckhard, the nerves serving for erection have their origin in the spinal cord; and, indeed, he succeeded in producing erection by electrical stimulation of the upper cervical part as well as the lumbar part of the cord. In a similar way stimulation of the pons at the entrance of the crura cerebri into the cerebrum produced a stiffening of the penis. Therefore he concluded that the conducting paths for the impulses necessary for erection arise in the cerebrum and pass through the pons and crura cerebri to the cord.

Goltz[2] then further found that after separation of the lumbar cord from the rest of the cord, stimulation of the glans penis could produce an erection reflexly. That justified the conclusion that there is in the lumbar cord an independent center for erection.

Finally, Goltz showed that this erection-center in the lumbar cord could suffer inhibition from the higher parts of the medulla and the brain. He found that reflex erection of the penis produced by peripheral stimulation occurred much more promptly and completely when the cord was divided between the dorsal and lumbar portions, *i. e.*, when the previously acting inhibitive impulses of the remaining cord and brain were eliminated.

What we observe in man is in complete accord with these anatomical experiments. The influence of the brain upon erection is shown by the fact that conceptions and impressions are alone sufficient to cause erection. Indeed they are the most frequent cause. The appearance of certain women, any delicate entertainment, obscene pictures, even the imagination of such things as are really not present are sufficient to cause a stiffening of the penis. The more erotic an individual is the more often his fancy conjures up sexual agitation, the expression of which is an erection.

The second region from which an erection may originate has been located in the spinal cord. This may also be confirmed by clinical observation. It is well known that in certain chronic diseases of the cord frequent erections, priapism even, belong to the most frequent symptoms in the primary hyperæmic stage.

In the same way erections and seminal ejaculations have been observed in certain irritations and concussions of the cord, the upper cervical portion[3], in dislocations and in fractures of the the vertebræ; often they are the first indications of a beginning ataxia[4] (Erb).

As far as peripheral reflex-erection of the penis is concerned, we know that friction of the penis or even touching the same can give rise to erection. Such is often seen when a sound or catheter remains for some time in the urethra. When tannin suppositories are placed in the pars prostatica urethræ an erection is likewise often observed. In acute gonorrhœa, prostatitis, stone in the bladder, repeated annoying erections are among the most frequent symptoms. They can only be regarded as reflex symptoms because they are occasioned by certain irritations of peripheral nerves, as *e. g.*, by the inflammation in gonorrhœa or prostatitis, or by the stone. What is commonly called Schiffstaender is the morning erection, which occurs through irritation of the peripheral nervi erigentes by the bladder filled with urine.

As for the phenomenon of erection itself, its mechanism in man is not perfectly clear, even if the labors of Kœlliker, Kohlrausch, Eckhard, Goltz, Loven and Frey have made many additions to the knowledge of the same. The essential of an erection consists in an increased afflux of blood to the corpora cavernosa and a diminished afflux of blood from the same, so that the erectile bodies contain more blood during the rigidity of the organ that at other times.

As certainly as that is established, just so little is it understood how this increased afflux and diminished efflux is brought about. That it depends simply upon a disturbed efflux of the venous blood is doubtless untrue, for no one has succeeded in causing an erection by ligation of the venous vessels of the penis. There must be therefore, in addition to the diminished efflux of the venous blood, an increased afflux of arterial blood, a conclusion which is completely confirmed by the fact that in animals during erection a diminution of the blood pressure in the neighboring arteries can be manometrically demonstrated. Eckhard was able to show that the manometric sinking of blood pressure extended to the arteria cruralis.

How and in what manner is an increase of the blood supply brought about? That it depends upon an increased activity of the heart is as good as excluded; at least this much may be said, that this, if it is present at all, it supplies a very subordinate element in the increased arterial supply. It is much more probable that the cause of the increased blood supply of the member during erection depends upon a dilatation of the arterial vessels themselves thus allowing more blood to pass through in a given time. Still the question arises, how are the arterial vessels of the member dilated? Is it active, by means of a certain muscular action in the walls of the vessels concerned, and their immediate neighborhood, or is it passive, through a relaxation of the vessel walls?

Goltz[5] answers this ingeniously. "I share the opinion of those who compare the relation of the nervi erigentes to the penis with the relation of the vagus to the heart, or of the chorda tampani to the vessels of the glandula submaxillaris. While at rest, the small arteries of the penis, and perhaps also the other vascular spaces of the same, are in a state of moderate contraction, by which means the blood stream in the vessels of the penis meet with considerable resistence. Probably this tone of the vessels of the penis is maintained by the small ganglia which Loven has demonstrated in the penis. If the nervi erigentes become active it has the result that the arteries of the penis, heretofore in a state of tonic con-

traction, relax, they expand under the influence of the existing blood pressure, and the hitherto existing blood pressure being removed, the blood pours abundantly into the interstices of the erectile bodies, filling these to distension. As I am also inclined to consider with Loven the peripheral ganglia as the center of vascular tone of the penis, the nervi erigentes would, by their activity, also paralyze or inhibit these ganglia, as it is represented that the vagus in cardiac activity paralyzes the ganglia of the heart."

Whether this representation corresponds to the facts, or whether there is active muscular action, which dilates the vessels, or whether both coincidentally exist,can not yet be certainly decided.

Likewise it is not yet determined in what manner the obstruction of the venous efflux is brought about. The veins which conduct the blood from the erectile bodies partly empty into the vena dorsalis penis, and partly pass out on the lower side of the penis from the interior of the corpora cavernosa through the meshes of the cortical labyrinth. If the corpora cavernosa are tensely filled with blood, the efferent veins are compressed by the expansion of the labyrinth, and thus the backward flow of the blood from the erectile bodies is prevented.

That alone would not suffice for an explanation; to this the action of the muscular apparatus is added through which the restriction of the back flow is completed. The musculus bulbus canvernosus begins in a tendinous band from which the musculi transversus perinei and the sphincter ani externus also originate. Its fibers course toward both sides and end fan-like above, to be inserted into the fibrous capsule of the corpora cavenosa penis. When these muscles contract the penis is constricted in the neighborhood of the symphysis, and thus the backward flow of the blood from the corpora cavernosa is restricted. At the same time the penis is raised by the musculus ischio-cavernosus and pressed against the symphysis, an action which likewise helps to hinder the backward flow of the blood from the erectile bodies.

This having been stated, I will now return again to the description of impotentia coeundi.

The following principal forms are distinguished:

1. *Impotentia coeundi e defectu seu deformatione.*
2. *Impotentia coeundi psychica.*
3. *Impotentia coeundi irritativa nervosa* (*Neurasthenia sexualis*).
4. *Impotentia coeundi organica sive paralytica.*

In reducible hernia a truss, in the other abnormalities a suitable operation, furnish a remedy.

An abnormally large size of the penis as well as mutilation, can hinder cohabitation. Elephantiasis of the glans or body of the penis, tumors of the glans, urethral or preputial calculi, can absolutely or relatively hinder the immission of the organ. The prognosis in these cases is generally favorable. Sometimes the abnormality can be removed by operation without the form of the member suffering, but even if the anterior portion of the penis must be removed, the rest remains still suitable for connection in many cases.

The inability to copulate may depend upon congenital or an acquired shortness of the frænum which bends the apex of the penis downward. Cohabitation is in such cases, if at all possible, so exceedingly painful that the patients abstain from it voluntarily. Cure is easily accomplished by cutting through the frenum.

It is also reported of varices of the vena dorsalis penis that they may render connection impossible. Parona[7] cured such a case by venous injections of chloral with water, and Bartholow[8] by subcutaneous injections of ergotin in the neighborhood of the enlarged and tortuous veins.

If the penis in erection is curved laterally, upward, or downward, it can render cohabitation impossible, or interfere with it. This is caused by circumscribed infiltration or induration in the erectile bodies or their fibrous sheaths. One or more such infiltrations may exist; they may be confined to one corpus spongiosium penis, which is generally the case, or they may also invade the entire penis. They may be located entirely in the corpora cavernosa or may extend into the corpus spongiosium. The consistence of these infiltrations may vary from soft to the hardness of cartilage.

When erection occurs in a penis affected with such callous, unfavorably situated cicatrix, a deviation of the member must necessarily result at the place where the infiltration has obliterated the cavities of the erectile body, which can therefore not be expanded, and the deviation is directed toward the side in which the induration is located.

Van Buren and Keyes[9] report a case in which the penis was bent at a right angle, and Gross[10] one in which the erect penis was spiral shaped.

The etiology of this affection, occurring generally during middle age is not clear in all cases. In 10 out of 25 cases Gross[11] could not discover the cause. Seven times he ascribed it to gouty diathesis, four times to injury received during coitus, once to very severe erection, and three times to gonorrhœa. Verneuil[12] in 9 out of 10 cases has determined the preseece of diabetes mellitus, and therefore brings the two into etiological relation with each other. In many cases observed by me I have been able to refer them to previous gonorrhœa or trauma. I have met with none of the other etiological factors mentioned. The callous cicatrices resulting from protracted gonorrhœa are generally situated in the bulbus and appear under the form of an urethral stricture. They occur, however, occasionally in the pars pendula. Corresponding to this opinion is that of Klebs[13] who ascribes them to an inflammation combined with thrombosis. The theory of Hewett[14] that they depend upon blood coagula in the cavities of the corpus cavernosum, lacks probability.

An interesting case of a cicatrix produced by trauma is related by Curschmann.[15]

"A robust railroad man, æt. 26 years, attempted one morning, as he woke with a powerful erection, to bend the rigid member downward. It yielded suddenly with very severe pain, bent down, and so great a hæmorrhage occurred beneath the skin of the penis, that the

latter, when I saw the patient, had almost the circumference of a fist, and was bluish black in color. After recovery it appeared that the right corpus cavernosum was torn by the violence, and the penis, in consequence of the resulting cicatrix, was bent upward at each erection to such a degree that coitus was mechanically impossible.

Baudens[16] reports a case in which the patient had received a bullet-wound through one corpus cavernosum. A lateral curvature of the member on erection was the result after healing of the wound.

Periurethral abscesses with subsequent obliteration of the affected parts can have the same result. Johnson[17] saw distortion of the penis, resulting from an abscess occurring in the right corpus cavernosum.

The same unpleasant results which the cicatrices have, occur occasionally in ossifications of the septum or of the fibrous capsule of the corpora cavernosa (the so-called penis bones) if they acquire considerable size or have unfavorable locations. They occur, however, much more seldom than the previously mentioned affections (Velpeau and Malgaigne.)

Gummata of the erectile bodies (Ricord) may also result in deviation of the organ in erection. The differential diagnosis between these nodules and callous cicatrices or ossifications will seldom give difficulty.

Of all these affections gummata offer the best prognosis; a regular antisyphilitic treatment, or the administration of potassium iodide, and inunctions of gray ointment will generally be successful.

The curvatures of the penis caused by laceration (so called fractures) of the corpora cavernosa offer no chance for recovery.

Ossification in the septum (so-called penis bones) may often be removed by operation. McClellan[18] relates a case in which he accomplished the removal of the curvature by incision extending through the entire member, and extraction of the ossified septum. Regnoli also has in this manner cured a case.

The treatment of Baudens[19] is worthy of note. In the case in which the bullet had perforated the corpus cavernosum a hard cicatrix remained, bending the penis in erection to the right. In the left erectile body he made two incisions at levels corresponding with the upper and lower ends of the cicatrix in the right side, and caused suppuration in the wound. The result after healing, was a compensating hard cicatrix in the left corpus cavernosum, in consequence of which the penis remained straight during erection.

The bending caused by cicatrices resulting from persisting gonorrhœa, offer the greatest difficulties for healing. Boyer and Gross recommend excision of the same. This is a procedure to be recommended with restriction. That is, before recourse is had to operation, other means must first be tried, among which persistent use of metal bougies, constantly increasing in size, is to be included. If a stricture exists the dilatation should be commenced with soft bougies. From No. 16 of Charriere's scale, on, metal bougies can be employed and treatment with constantly increasing sizes used, combined with inunctions of gray ointment, warm sitz baths, and internal administration of potassium iodide. The course should extend to bougie No. 30 of Charriere's scale. Under this treatment I have seen several infiltrations become smaller, and the deviations of the penis correspondingly diminish. Only when this treatment is without success, and the infiltrations are neither multiple nor too large, may excision by means of operation be performed.

[1]Beitrage zur Anatomie and Physiologie, bd. iii, iv u. vii.
[2]Pflünger's Arch., bd. viii.
[3]Ollivier, Traite des meladies de la Mœlle Epiniere, 3 Med. Tom. iii.
[4]Trousseau, Clin. Med. de l'Hotel de Dieu de Paris, Tom. iii, p. 511.
[5]Ueber die Functionen des Lendenmarks des Hundes, Pflüger's Arch. f. d. ges. Physihl., bd. viii, heft 8 u. 9.
[6]Lectures on the Urinary and Genital Organs, p. 424.
[7]Annales de Dermat. et de la Syphil., Tom i, p. 453.
[8]Mut. Med. and Therapeutic, 3rd edit., p. 295.
[9]New York Med. Journ., Vol. xix.
[10]Samuel W. Gross, On Impotence. Edinburgh Peutland, 1887, p. 71.
[11]Samuel W. Gross, op. cit.
[12]Révue de Chirurgie, p. 184.
[13]Handbuch d. Pathol. Anat., p. 1152.
[14]Br. Med. Jour., February, 1887.
[15]Krankheiten des Harnapparates, Leipzig, Vogel, 1875, p. 423.
[16]Clinique des Plaies d'Armes a Feu., p. 405.
[17]Lancet, 1851, Vol. ii.
[18]Lancet, 1828, Vol. i, p. 714.
[19]Op. cit.

[TO BE CONTINUED.]

An Incentive to Begetting Many Children.—French Canadians are celebrated for their large families, and now we may expect to find them outdoing themselves in this respect as the state proposes to pay for children when presented in batches of a dozen. A bill has been passed by the Legislature of Quebec granting one hundred acres of land to every farmer who has twelve living children. Several applications for this premium have already been made, one of the first being by a M. Leon Phenises, who, although but thirty-eight years of age, is the happy father of twelve healthy children and the owner of a $5,000 farm.—*Med. Record.*

Why Thunder Sours Milk.—You have often asked or been asked: "Why does thunder sour sweet milk?" Milk is peculiar, inasmuch as it is very sensitive to atmospheric changes. Electricity, the cause of thunder, produces, or, if it does not produce, follows great and rapid changes in atmospheric conditions. Lightning is the discharge which comes of electrical inequalities, producing chemical changes in the air. Thunder-storms represent the greatest activity of electrical phenomena, and the best authorities give it as their opinion that the electricity in the atmosphere is the prime cause of milk souring during the prevalence of such storms.—*Republic.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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SATURDAY, APRIL 26, 1890.

ERYSIPELAS AS A CURATIVE AGENT.

Readers will doubtless remember the proposition made some time since to utilize erysipelas as a therapeutic agency in the cure of eczema, malignant tumors, etc. The theory on which this was based seemed quite plausible, or, at least, hopeful, suggested as it was by clinical observation. Few physicians, however, would have the temerity to inoculate erysipelas intentionally, for fear of the possible consequences, both to the patients, and, indirectly, to themselves. It is interesting to read the paper of Dr. Kleeblatt[1], who was in a position in which he could observe and study the effects of erysipelas in two cases of malignant tumor.

In one case, that of a lymphosarcoma of the tonsil followed by sarcomatous growths of the cervical lymphatic glands, the growths diminished markedly in size under the influence of an intercurrent attack of erysipelas, but continued to develop after this had passed off. The patient was afterward purposely inoculated with erysipelas, but the effect was as before only a transient one, as the tumor steadily developed, the patient dying of exhaustion.

In another case of lymphosarcoma of the neck erysipelas was inoculated with good results, as the tumor was found to have disappeared on recovery from the artificial disease. The manner of disappearance, whether by resorption or by inflammation and suppuration, could not be divined. In a third case, of lymphadenoma of the lower eyelid, the size of a pigeon's egg, this suppurated during a chance attack of erysipelas, and was afterward found to have entirely vanished.

This experience brings Kleeblatt to the conclusion that in malignant growths erysipelas should be properly regarded as a therapeutic agent. In cases of malignant tumor we should welcome the development of erysipelas, even though it be very possible that the latter may of itself bring about a fatal termination.

The author declares that in view of the unfavorable prognosis which must always be given in cases of malignant tumor where an early radical operation is not undertaken, he would never hesitate to inoculate erysipelas, in spite of the great danger attending this procedure, and calls for further investigation in this direction.

[1]Munch. Med. Woch.-Centr. f. Ther.

URETHRAL STRICTURE.

A paper by R. W. Stewart, M.D., of Pittsburg, Pa., in the *N. Y. Med. Jour.*, treats of this subject in such a judicious and discriminating manner that we feel sure an abstract of the views expressed will be appreciated. The author believes that urethral stricture has been over-written and understudied, with a corresponding lack of advancement. For this he assigns two reasons. First, the urethra is a canal obscured from view; there have been but imperfect facilities for examining it during life, and postmortem opportunities for examination have been neglected. Second, in treating the urethra the profession has not applied the same sound reasoning, based on pathological knowledge, that it has applied to the treatment of other diseases. In treating the urethra there is much meddlesome surgery, much useless pain and many unsatisfactory results.

Sir Charles Bell defined stricture as "any loss of dilatability of the urethra." Stewart modifies this by defining it as "any abnormal loss of dilatability of the urethra," to exclude the loss of dilatability of certain parts of the healthy urethra. The urethra is dilated during every act of urination, but the amount of dilatation is slight compared with what the urethra is capable of. The healthy urethra is never distended by the stream of urine even up to the size of a sound capable of slipping through the urethra by its own weight. This is one reason for stating that the importance of strictures of large calibre in keeping up a gleet is much overrated. The teaching of Professor Otis, that gleet owes its origin and existence to the presence of stricture, however slight, and that the only rational cure is to remove the obstruction, has had many blind followers with the result of much unjustifiable surgery. Strictures of large calibre appear as strictures only when the urethra is dilated beyond its normal requirements, and practically should not be considered as such, so far as obstructing the flow of urine is concerned. Again, in considering the alleged dependence of gleet upon stricture many a gleet persists without the presence of strictures, or even after their removal; many a gleet is perpetuated by treatment, and will subside upon leaving it off. If normal encroachments upon the calibre of the canal,

as at the triangular ligament and the meatus, are innocuous, there is no reason why encroachments no greater in abnormal situations should be less innocuous.

Stricture and gleet are too often placed in the false relationship of cause and effect, when they are nothing more than two symptoms of the same disease. Gleet is not necessarily dependent on stricture, for it is nothing more than the mucopurulent secretion resulting from chronic inflammation of the urethral mucous membrane; we have similar discharges in analogous conditions of other mucous membranes, where stricture need not be considered as an etiological factor. Therefore, the mere presence of a stricture of large calibre is not of itself a justification for its removal; the broad rule may be given that where stricture of large calibre becomes itself the source of reflex nervous or urinary troubles, or offers an impediment to the proper instrumental treatment of the urethra, its removal is indicated.

In considering the question of diagnosis of stricture, he details the advantages to be derived from the use of his urethrograph, a discription of which was given in the Review of October 26, 1889.

As to treatment, this will depend upon the circumstances of the patient, the nature and location of the stricture. If the patient be in a hospital, urethrotomy would, in the great majority of cases not only be justifiable, but highly proper. If, however, time is of less importance, milder measures are indicated, as also when the patient is obliged to continue at his daily occupation.

As to the nature of stricture, resilient and irritable strictures to a great extent preclude gradual dilatation, and it is better to accomplish the object at once by urethrotomy. Inflamed strictures are rarely benefited and generally aggravated by attempts at dilatation.

As to location, this has an important bearing on treat ment; a stricture of the meatus should always be treated by incision while a stricture in the membranous urethra is usually best treated by dilatation, unless it is very close, when occasionally external urethrotomy is to be preferred. As a general rule, it may be said that the nearer a stricture is to the meatus, the greater the safety of internal urethotomy, and, *vice versa*, the deeper the stricture the greater the danger.

He considers that rapid divulsion is falling into rapid but merited disuse. It has, however, a place to fill, and that is in the divulsion of very tight strictures up to the size which will permit of the proper use of the sound or of the urethrotome. He has had no experience with electrolysis in the treatment of stricture, but, from what he has seen in the hands of others, he believes that the gentle, prolonged pressure has more beneficial ef fects from a mechanical than from a electrolytic stand point.

He has nothing new to add about the manner of using gradual dilatation, and does not enter into it. As to urethrotomy, each urethra is, to a certain extent, a law unto itself.

The indications for treatment may be given, but the exact mode of treatment which should be adopted in each particular case must be left to the discretion of the surgeon. He should rely on his own brains as well as on the words of authorities. He should avoid hobbies; the hobby of indiscriminate urethrotomy is particularly dangerous, and has often brought disaster on the patient and undeserved disgrace on the operation. The surgeon should employ antiseptic methods throughout; the instruments should be above suspicion, and the urethra uncontaminated. If the urine has undergone decomposition within the bladder, antiseptic treatment should be adopted to purge from that viscus the bacterial ferments before urethrotomy should be attempted. If the kidneys are diseased, the simplest urethral operations become a source of danger not to be undertaken without due consideration of the risks involved.

If the meatus offers an impediment to the treatment of the urether, it should be unhesitatingly cut to a size which will readily permit the passage of an instrument the size of the dilated urethra. Cutting beyond this size is unnecessary, injurious, and unjustifiable.

Two qualifications necessary in all urethrotomes for the treatment of strictures of large calibre are: they must cut toward the meatus, and must put the tissue to to be cut on the stretch at the moment of incision. He regards the urethrotomes at present in use as unsatisfactory, with the exception the one divised by Gerster. Their use requires that the stricture should be previously located with other instruments, and that the urethrotome should be accurately adjusted. What is needed is a urethrotome that will cut the strictured tissue only, and do so without the necessity of previous localization. He has devised such an instrument, and describes it at length. In conclusion, he says:

"I do not wish to condemn urethrotomy; on the contrary, a high appreciation of its value has urged me to use my efforts to add to its simplicity and safety, and it is the same appreciation of its value that urges me to appeal to the profession not to consider it a panacea for all urethral ills, but to consign it to its proper sphere, and, by its judicious employment, lift from it the cloak of distrust with which its indiscriminate and reckless use has enshrouded it."

An Operation for Complete Prolapse of the Rectum.

Dr. John B. Roberts, of Philadelphia, has devised an operation for proctorrhaphy, which seems to him to meet all indications.[1]

The operation is, so far as he knows, a new one. He has had occasion to try it in one case of several years' standing, where the anal aperture was much dilated. The prolapse was a sausage-shaped mass about four inches in length. The operation is described as follows: A small median incision is made near the tip of the coc-

[1]Annals of Surgery.

cyx, through which the finger is introduced, breaking up the cellular connections behind the rectum. The sphincter is then divided in two places by incisions situated each about half an inch away from the posterior median line, carried backward until they meet at the original incision near the coccyx, and including between them a triangular portion of tissue which has as its base about one inch of the sphincter. A long triangular piece is then cut out with scissors, consisting of the entire thickness of the posterior rectal wall. The apex of the V shaped section is about three inches up the gut; its base corresponds with the excised portion of the sphincter. The divided rectal walls are then brought together with catgut sutures tied within the bowel, beginning from above. The divided ends of the sphincter are brought together with two catgut sutures and one wire shotted suture. A drainage tube of rubber is then inserted into the space between the rectum and the sacrum, and the external wound closed by numerous deep, shotted wire sutures carried by means of a strong, curved, cervix needle. This diminishes the calibre of the lower part of the rectum and gives it a narrow orifice, lessening the tendency to prolapse.

In the one case so treated, diarrhœa occurred a day or two after the operation, and fecal matter passed into the post-rectal space, with the result of suppuration and sloughing. At present, several months since the operation, a cavity about the size of a hen's egg still exists between the anus and the coccyx. It is slowly cicatrizing and contracting. The patient goes about, ascending and descending stairs without any tendency to rectal prolapse. When the bowels are loose there is no control over the evacuations, but otherwise the result is satisfactory, both to surgeon and patient.

"All the Fools Are Not Dead Yet."

It appears from the following clipping, taken from the Denver *Health Monitor*, that our distinguished citizen of vegetable-herb renown, who "intends making St. Louis his future home," has not come directly from his native heath, but is more or less of a perambulating healer, who occasionally does the washee-washee act to vary the monotony of life,—and, perhaps, to keep his hand in, in case the business of cleaning constitutions should grow dull:

"All the fools in Denver are not dead yet." Such was the significant remark of Mr. Smith, manager and beneficiary, and one of the proprietors of the Gun-Wa *cure all* establishment on Larimer street. It was in Judge Stewart's court, and the said Smith was trying to compel the owner of the premises, Soloman, to grant him a further lease. Soloman testified to the above response from Smith, when he (Soloman) asked if the fraud and farce could be kept up another year. Smith joined heartily in the merriment excited by the above testimony, and no doubt resolved to remain in Denver so long as any fools remained to be gathered into his net. The original Gun-Wa was in the court-room dressed in his common laundry garb; and was identified by the domestic of the landlord, who testified that he was the first of three laundrymen employed by Smith since she was in the house. The Chinaman was put on the stand, but nothing of importance was elicited because of the pow-wow raised by Smith's lawyers whenever John tried to tell the truth. No! "all the fools in Denver are not dead yet," as their photos in the Gun Wa ads amply testify. But so long as people are willing to pay $2 or $5 for a decoction of defunct tea leaves and poor hay, or an elixir of senna and burnt barley, with a flavor of horned toad, or superannuated cat, thrown in, so long these frauds will grow rich. It was testified that each laundryman received $60 per month, a silk coat and hat, a pair of shoes and a fan. From the testimony of the reporter it would seem the advertising bills reached in the neighborhood of $1,000 per month. Why did not the daily papers report the facts brought out at this trial? Why? O well, why? Of course they inveigh against frauds which threaten the dear public, but when the fraud pays liberally for ads—well we really must excuse them."

MEDICAL ITEMS.

A Large Fee.—Dr. Willard Parker is said to have received a fee of $100,000 for the removal of a nævus.

Medical Politicians.—The French Chamber of Deputies contains forty-eight physicians, one veterinary surgeon, and one dentist.

A Memorial to Ricord.—A committee with Fournier as its chairman recently assembled at Paris to take steps toward erecting some memorial of Ricord.

The Louisville and Nashville Railroad, the most direct line to Nashville, offers a one and one-third rate to the American Medical Association meeting, which is to be held at Nashville, May 20-24.

Dr. N. Senn and Dr. Chr. Fenger have been elected regular Professors of Surgery in the Chicago Polyclinic. In addition to clinical work, they will present a special course in abdominal surgery twice yearly.

An Epidemic of trachoma has attacked a whole regiment of Pioneers at Presburg, Austria-Hungary. Out of 570 soldiers, only 40 escaped. Many became entirely blind, and the regiment was disbanded in consequence.

Death from Nitric Acid Fumes.—A very unusual form of fatality occurred in New York recently. A young man, æt. 25 years, who was employed in an electro-plating works, dropped a tool into a vat containing nitric acid, and in spite of warnings remained too long bent over the vat, while trying to recover his lost tool.

He inhaled the acid fumes, was taken sick soon after, and removed to a hospital where he died twenty-four hours later.

Dr. Wm. T. Belfield, 612 Opera House Building, Chicago, Ill., respectfully solicits information concerning unpublished cases of operations upon the prostate, especially for the relief of the so-called hypertrophy of the organ.

Danger in the Kid Glove.—A lady in Vienna was poisoned not very long ago by a new pair of kid gloves which she had worn to a ball. It was ascertained that the skin was obtained from an animal that had died of the rinderpest.

A New Form of Coercion.—A new method of punishing non-union tailors is said to have been utilized in New York, where a man was found to have had twenty-seven inches of round leather belting forced into his bladder.

New Remedies.—Phtalate of caffeine is recommended for subcutaneous use on account of its ready solubility. It occurs in the form of a white crystalline powder soluble in 5 parts water and in hot alcohol, the solution being of acid reaction.

The McKinley Tariff Bill has some features that will interest medical men. It allows the importation free of books and pamphlets printed in any language but the English, and of periodicals in all languages. Opium is put upon the free list.

Depilatory Application.—Take of barium sulphate, ℥j, starch, ℥ss, and zinc, ℥ss. Rub this up with enough water to form a paste, and apply in a thin layer by means of an elastic spatula, to the region from which the hair is to be removed.—*Chem. Centr.*

Professor Henoch, who has been for thirty years at the head of the clinic for children's diseases at the Charité Hospital, Berlin, will celebrate his seventieth birthday on July 16. His friends propose to make the event memorable by the presentation of a bronze bust to the clinic.

A Tax on Preventives.—A recent census of Fifth Avenue, New York, showed an average of about half a child to a family. We learn that a bill has been introduced into the French Legislative body taxing all married people who have no children, and are not able to give any plausible excuse for the deficiency.

Surgery in Vienna.—In the last few years there have been twelve Cæsarean sections in Chrobak's clinic. They were all made after the Porro method, and in no case was child or mother lost. In the last thirty cases of uterine fibroids removed by the extra-peritoneal method of amputation there were but three deaths, and the mortality in simple ovariotomy has been reduced to almost nil. The most thorough antiseptic precautions are observed here, and to this are attributed these wonderful results.—Cor. *Med. News.*

A Good Appointment.—Prof. George H. Rohe has been appointed to the honorable and responsible position of Commissioner of Health for the City of Baltimore. He will bring to the accomplishment of his work experience, culture and rare executive power. The city is to be congratulated for this selection.—*Jour. A. M. A.*

An American Merchant's Bequest.—An old New York merchant, Mr. Thomas Hope, has bequeathed to his native town of Lanholm, Scotland, the sum of $400,000, to found a hospital and dispensary. Langholm has a population of about 4000, so that this gift will make abundant provision for all who require hospital treatment.

Insurance Losses From the Influenza.—Mr. Smee, an actuary for a large London insurance society, has made an estimate that the losses in England from the influenza epidemic will amount to one million of pounds, cash paid out by companies and beneficial societies, and another million in the losses of time and wages and disorganization of trade.

Three-Minute Oatmeal.—The *Amer. Analyst* calls attention to the advertisements, which are now becoming so common, of three and five-minute oatmeal. To cook in from three to five minutes any oatmeal, however prepared, is, it says, simply an impossibility; and it sounds a warning against being deluded by any such specious advertisements.

Managers for Insane Asylum No. 2.—Gov. Francis has appointed the following named gentlemen as a board of managers of Insane Asylum No. 2 at St. Joseph: Wm. C. Wells, of Platte, E. P. Gates, of Jackson, and John Carey, of Buchanan, for terms ending February 1, 1892; Dr. J. W. Heddens and Dr. J. P. Kirschner, of St. Joseph, for terms ending February 1, 1891.

Impotence in the Male.—The able essay on this subject by Dr. Leopold Casper, of Berlin, and translated from late numbers of the *Deutsche Medicinal-Zeitung* by Dr. Beggs, will be given in the Review in serial form, the first chapter appearing in this issue. We know our readers will appreciate a scientific dissertation on this very important subject by so eminent an authority as Dr. Casper.

The Doctor was in Luck.—A patient in Warsaw not long ago found himself unable to pay his doctor's bill, and offered a lottery ticket in exchange in full.

The doctor made the best of a bad bargain and accepted the ticket, and has now received his reward in the shape of a prize of $40,000 which the ticket has just drawn. There is no special moral to this story that we have been able to discover.

An Expensive Drug.—The newly recommended ferruginous tonic, announced by the pharmacists, is somewhat expensive. Deschiens recommends the following formula: Hemoglobin, 100 grams, syrup, q. s. to make one liter. At the rate which American druggists charge for it in prescriptions (five cents a grain), the above prescription would cost just $75 for the hemoglobin, to say nothing of the syrup.

The Ladies are Coming, with Giant Strides.—Quite recently, the *Hospital Gazette* states, a man applied to the house surgeon of a London hospital to have a large hydrocele tapped. He stated that he had had the operation performed at another hospital, but the last time he applied there a young woman operated on him. He had no fault to find as to the way it was done, but he objected to exposing his infirmities to a class of ladies.

It Beats a Horse-Chestnut.—A reporter of the Boston *Record* says that he met an old friend of his who used to be crippled with rheumatism. Upon expressing surprise at seeing him so well and free from pain, the man replied that his cure was due to his carrying an old electric light carbon which one of the lamp men had thrown into the street. He claimed that there was enough electricity left in the old carbon to "knock the rheumatiz higher'n a kite."

A New Way to Collect Bills.—A Kentucky doctor is suing a man for medical attendance on his wife during her final illness. There is nothing very unusual in this, but some of the evidence offered is peculiar. It consists of a bundle of letters which the doctor alleges the deceased woman wrote to her husband from the other world, acknowledging the obligation and urging her husband to overcome his meanness and dishonesty for once and pay the just debt.—*Med. Rec.*

Mercury in a Tapeworm.—Dr. Œlkers, *Berl. Chem. Gesell.*, reports the following: A syphilitic butcher, who had been treated with ungt. cinereum to the amount of 176 grm., containing about 59 grm. of mercury, noticed in his stools pieces of tapeworm, (tænia mediocanellata), of a gray color. Chemical analysis showed that this was due to mercury in the tissues of the parasite, not in the form of globules, but always as the oxide. No similar case seems to have been noted.

Death of Professor Trelat.—News comes of the sudden and unexpected death of another of Paris' most beloved and respected teachers of the surgical art. Prof. Trelat was brilliant as a lecturer, as a writer, as an operator, and as a debater in medical councils. His contributions in a literary way would make volumes were they put into one collection; but they have appeared almost always in the transactions of the various societies of which he was an active member. His loss will be keenly felt by his many pupils and confreres.

American Ambulances in Paris.—It is said that the American ambulances, which were introduced into Paris a year or two ago are now one of the recognized institutions of the French capital. People stand and cheer as they go along the street, and ambulance drills are given to all distinguished foreigners. The French Government has given full credit to America for the ideas which at present prevail on the subject, and the vehicles are, in fact, marked with the sign "American Ambulance."—*Bost. Med. and Surg. Jour.*

Leprosy in New Caledonia.—A French contemporary states that leprosy is spreading rapidly in New Caledonia. Of 40,000 Kanakas, 5,000 are already lepers. No measures to check the spread of the scourge were taken till lately, when two isolation refuges were established, one on Goat Island in Dumbea Bay, and the other in Canala at a place called the Pic des Morts. Every person pronounced by the Medical Commission to be suffering from leprosy is to be sent to one of these places. Three Europeans have already fallen victims to the disease.

A New Stomachic.—Prof. Penzoldt, Erlangen, in *Therap. Monats.*, recommends the hydrochlorate of orexion (phenyldihydro-chinazolin) as a true stomachic. It not only stimulates the appetite, but increases the activity and rapidity of digestion, as shown by experiments on lower animals and on human beings, both sick and well. Patients express themselves as being "hungry all day long," "unable to sleep for hunger," etc. The drug is adapted to a wide range of conditions. As it has a disagreeable, acrid taste, it is best given in pill-form coated with gelatine, always with a considerable amount of fluid. The dose is four to eight grains.

Window-Pane Barometer.—A pretty use of cobalt and nickel salts, which, as is well known, are affected by changes in the amount of moisture in the air, and which change they indicate by exhibiting different colors, is suggested by Rueckert, in the *Rep. annal Chem.* If window panes, or wall paper or the like, are painted with the following solutions: 1. Chloride cobalt, 1; gelatine 10, and water 100; 2. Chloride copper, 1, gelatine 10, and water 100; 3. Chloride cobalt, 1; gelatine 20; water, 200; nickel oxide, 0.75; chloride copper, 0.25; they will be colorless in damp weather. In clear weather solution No. 1 will give blue color, No. 2 yellow and No. 3 green.

Damage Suit.—Physicians in the western part of Massachusetts are much interested in the case, lately

tried in Springfield, of Homer C. Ross against Dr. Wallace H. Dean, of Blandford. The plaintiff asserted that he had lost the use of an arm because it was improperly set by Dr. Dean after it was broken in an accident. But the best known doctors of the vicinity testified that the treatment was all right, and that the arm could be used. Dr. Francis Bacon, of New Haven, extended the man's arms and held them up for a time, when he suddenly stopped supporting them. The fact that they remained extended long enough to exhibit the absence of paralysis was conclusive. The result was, that Judge Barker instructed the jury to bring in a verdict for Dr. Dean without leaving their seats.—*Bost. Med. and Surg. Jour.*

Cutaneous Manifestations of Malaria.—An Italian physician, Dr. Lariga, has made a contribution to the study of the cutaneous manifestations of malarial infection. He believes, from his own observations, that acute malarial infection can cause the appearance of cyanotic spots (taches ombrees, macules cyaniques) upon the skin. They appear during the paroxysms of fever. As factors in their production he regards (1). The individual predisposition to capillary telangiectases, and (2). The influence of the malarial poison upon the vasomotor nervous system, upon the composition of the blood, and upon the state of the nutrition of the vessel walls.— *Wien. Klin. Woch.*

An Inoculation of Malaria.—An important experiment was recently carried out by Drs. Gualdi and Antolisei at Rome. They abstracted a small amount of blood from a young man who was suffering from quartan fever, two days before an expected paroxysm, and found that it contained numbers of endoglobular parasites in process of sporulation. They introduced some of this blood into the circulation of a patient with cerebral softening, who had never before had malarial fever; the patient had a febrile attack twelve days afterwards, with paroxysms on the fifteenth and eighteenth days, the temperature being normal during the intermissions. The blood was said to contain the characteristic parasites of quartan fever.—*Schw. Corres.*

They Starved the Visitors.—Not long since a committee of the Washington legislature made a trip to an asylum in that State. They were received very politely and treated with much courtesy, but the food that was served out to them during their stay was of the poorest quality and very meagre in quantity. It was made to appear that the appropriation for the support of the asylum was insufficient, and that consequently there was no means of getting anything good for the entertainment of the visitors, and it was hoped that the prayer for greater liberality would meet with a gracious approval from the men who had suffered much from the poverty of the institution. Unfortunately, however, some of the committee were of an inquiring mind, and went quietly by themselves to inspect the condition of the larder and found it well filled with good things to eat. In the asylum bill which the legislature passed at the suggestion of the committee, the salary of the superintendent was cut down $250. This is the sad tale as related by the *Post-Intelligencer*, of Seattle, and if it is true the superintendent has our deepest sympathy.—*Med. Record.*

In a Letter to Dr. Benno von Stenimetz, dated March 9, 1890, Dr. H. Bernheim, the leading French exponent of hypnotism, expresses himself regarding the recent order of the French Minister of War prohibiting hypnotism in the French army, in the following emphatic language: "It is sad to relate that in France the treatment by suggestion is misunderstood; the influence of the Salpetriere is as yet prevalent and hypnotism is confounded with hysteria. Frenchmen cannot believe that light may come from any other source than from Paris. As an instance, there has been an order issued by the French Minister of War, at the instigation of badly informed Parisian physicians in the French army.

"This would create, it is claimed, an army of hysterics, and would render the soldiers unfit for their work. Without doubt it is necessary to regulate the application of hypnotism; experiments should not be made for amusement in the army, thereby exalting the suggestibility and hallucinability of the soldiers, but to prohibit the practice of therapeutic suggestion in the cases in which it would be of benefit is absurd! I am acquainted with several army physicians, who, after learning the art at our school and having applied the same in suitable cases in the army, were astonished and gratified at the therapeutic results obtained. The publication of their experience was prohibited and they were subjected to reprimand. By these proceedings you will see that my work has not yet been appreciated in France. Let us hope that it will succeed better when introduced by strangers."

SOCIETY NEWS.

THE DISTRICT MEDICAL SOCIETY OF CENTRAL ILLINOIS.

The sixteenth annual meeting of this society will be held at Pana, Ill., on Tuesday, April 29, 1890. B. M. Griffith, M.D., of Springfield, is President; J. H. Miller, M.D., Oconee, Secretary.

The following essays are promised:

The Syphilides in Dermatology, by Everette J. Brown, M.D., Decatur.

Is Extirpation of the Cancerous Womb a Justifiable Operation? by J. H. McIntyre, M.D., St. Louis, Mo.

Report of Cases, by E. A. Morgan, M.D., Maroa.

Kelotomy, by E. M. Alverson, M.D., Stonington.

A Bargain.—A full set of Ashhurst's Cyclopædia of Surgery may be bought cheap, by addressing the editor.

CORRESPONDENCE.

FOREIGN LETTER.

Bardeleben—Bergman's Clinics—Excision of the Larynx—Resection of the Knee, Hip—Artificial Anus—Dr. Brahmann—Prof. Volkmann's Successor—Friederichshain—Hahn's Methods—Resection of the Knee and Hip—His Methods—Osteotomy—Amputation at the Hip and Shoulder—Augusta Hospital—Kuester—His Methods—Suturing of Wounds—Nephrotomy and Nephrectomy — Pyo Nephrosis — Osteo-Myelitis—Ovariotomy—Gunshot Wound of the Bowels—Cancer of Larynx and Tonsil—Olshausen—Martin—Ovariotomies—Hysterectomies—Vaginal Extirpation of the Uterus—Tenth International Medical Congress—A Memorial to Langenbeck.

Berlin, April 10, 1890.

Dear Dr. Bond.—There can be no question about Berlin's being foremost in the ranks of medical centers in Europe. The opportunities offered for special work are very fine, especially in surgery, obstetrics, gynæcology, normal and pathological anatomy. One is impressed at a glance with the system and order that prevails, and the clinical surroundings are in keeping with the teachings and the times. The men most prominent in surgery here are Bardeleben, von Bergman, Hahn and Kuster.

Bardeleben holds his clinics at the Charite. Although advanced in years, he is still very active, and a great favorite with the students. This latter fact is fully evidenced by a bronze life-sized bust of Bardeleben placed in his honor in the grounds of the Charite.

Von Bergman holds his clinics in the Koenigliche Clinic, situated on Ziegel strasse. The appointments of the amphitheater, in which he operates, are very fine, and he is assisted by a corps of well trained assistants and nurses. Here one can see five or six capital operations daily, besides numbers of minor operations.

That the attendance is very large, I might say overcrowded, need hardly be mentioned. There is nothing very original about von Bergman's operations, and I think there is a little shade of what we would call flourish about them. His position as Professor of Clinical Surgery at the University gives him great prominence, which has also been increased on account of his connection with the late Emperor Frederick's case. Space would not permit to enumerate all of the interesting cases of capital operation I have seen him do. Among the rarer operations were two excisions of the larynx for malignant growths, and also tying the external iliac for femoral aneurism. Resections of the hip, knee and elbow were an every day occurrence. Operations for radical cure of hernia, and for strangulated hernia, with establishment of artificial anus, were also frequently performed, as well as excision of the rectum for malignant disease. As already stated, in cases of strangulated hernia or obstruction of the bowel, where the question arises, Can the gut be returned into the abdomen on account of its condition? Should it be resected, or an anus preturnaturalis established? von Bergman has come to the conclusion that, in these doubtful cases, it is safer for the patient to stitch the bowel into the abdominal wound, and after adhesion has taken place, which occurs in a few hours, to incise the bowel. A second operation is then done to close the artificial anus. He claims that his failures have mostly occurred where he resected and returned the bowel. He attaches much importance to the relief of the distension of the bowel by gas, which occurs when an artificial anus is established, and he believes that this distention by its upward pressure on the diaphragm and consequent effect on respiration and circulation is a potent factor in bringing about a fatal termination. He also advocated the establishment of an artificial anus in conditions of over distention of the bowels by gas, due to inflammatory or other conditions, that cannot otherwise be relieved.

The first assistant of von Bergman, Privat Docent Dr. Brahman, who also came into prominence in connection with the Emperor Frederick's case, having performed the operation of tracheotomy on him, has been appointed to the Chair of Surgery at Halle, as successor of the late Prof. Volkmann. It is stated that his connection with the Emperor Frederick's case was the means of procuring him this eminent position. There were many aspirants, among whom were Kuester, of Berlin, Schede, of Hamburg, Trendelenburg, of Bonn, Helferich, of Greifswald, Madelung, of Rostock, and Oberst, Prof. Volkmann's first assistant, at Halle.

Brahman is a young man who has been with Bergman as assistant for five or six years, and it is quite an honor that he should be called upon to fill the position of one so eminent as the late Prof. Volkmann.

Brahman is thoroughly informed and is a very good operator, and will, no doubt, creditably fill the position to which he has been called.

Another one of the men here who does a great amount of surgical work is Geheimrath Hahn, who has charge of the surgical department of Friederichshain, one of the city hospitals of Berlin. It is built on the pavilion plan, all of the buildings being isolated. The location of the hospital is in and adjacent to a large park. The pavilion and grounds cover a large area and are arranged on the same general plan as the new hospital in Hamburg.

Until recently, Friederichshain was considered the finest hospital in Germany, but now the new hospital in Hamburg outranks it.

There are about three hundred beds in the surgical wards. Hahn has a great deal of originality about his methods of operating, and I notice that they are frequently quoted in the last edition of Koenig's Surgery, which, by the way, is considered by many as the best in the German language.

Hahn has an original method of resecting the knee-

joint. Instead of carrying the line of incision in the ordinary circular from below the patella and then cutting through the ligamentum patellæ, he makes an incision, commencing about the inner condyle of the femur, carries it upward and curves it about the upper border of the patella, and then downward on the outer border, toward the external condyle of the femur, far enough to make a good flap, which includes the patella. By this method he leaves the ligamentum patellæ intact and opens the joint from above instead of below the patella, as is usually done.

The operation is done after Esmarch's bloodless method. When the bones have been resected, the tibia and femur are nailed together with long round flat-headed iron nails which are driven through the skin and tibia from below upward. The wound is then stitched, antiseptically dressed, and when the plaster dressing has been put over all the Esmarch is taken off. If everything goes well, the plaster dressing, as well as the nails, are left in situ for five or six weeks, when the dressing is taken off and the nails removed. Should circumstances require, the dressings are removed sooner.

Hahn also has a method of resecting the hip joint which I have seen no one else perform similarly. Instead of making the incision vertically downward over the joint and over the trochanters, an incision is made over the joint and at right angles to the trochanters. By this incision the muscles are cut squarely across. The joint is well exposed and a good field for operation is afforded. Hahn claims that no bad effects follow from severing the muscles as is done by this method. In one case he tried a novel procedure in resecting the head of the femur from the inner side of the thigh. The case was that of a lad, æt. 8 years, who had suppurative hip joint disease of the left side. A large fluctuating abscess pointed inwardly in the region of the ileo-scrotal fold. After opening the abscess the wound was enlarged and through this the head of the femur was removed. The operation was rather difficult on account of the depth of the wound; by strongly everting the leg, however, the neck of the femur was brought into such a position that it could be cut through by means of a chain saw. The greatest difficulty was experienced in opening the capsule of the joint. This will readily be understood when we remember the anatomy of the parts. This was the first operation Hahn had done in this manner, and he did not express an opinion about it, but I could not see anything in it to particularly recommend it over the other methods.

Hahn's method of performing osteotomy is superior, in my estimation, to any I have seen here or elsewhere in Germany. He does not first make an incision down to the periosteum, as is usually done, and then chisel the bone through the wound, but he takes a good-sized chisel, selects the site to be operated on, places the chisel on the skin so that the cutting edge of the chisel is over the center of the bone and parallel to its axis. In this position he forces the chisel by a sort of a rocking motion, on the points of the chisel, down to the periosteum; still keeping the chisel in the wound thus made, he turns the cutting edge so that it is at right angles to the bone to be cut through. The operation is then completed by chiseling through the bone.

In this way the operation becomes a subcutaneous one, as the chisel is not withdrawn from the wound, and the wound is only large enough to admit the chisel.

I have seen him do the operation many times in this way, and have always seen good results.

In amputations at the shoulder and hip joints, Hahn first cuts down and ligates the large arteries, if at the hip the femoral, high up, near Poupart's ligament, and if at the shoulder, the axillary, as it emerges from under the clavicle. By first tying the vessels, the operation is much simplified, and there is no possibility of hæmorrhage of any consequence during the operation.

I could fill pages with interesting cases, and novel methods I saw Hahn use, but space does not permit. I want, still, to mention that Hahn has many appliances that bear his name as inventor. Among them is his tampon canula, for operations on the throat, made somewhat after the manner of Trendelenburg's; but instead of a rubber bag which surrounds the canula and is inflated, Hahn's has a compressed sponge, which swells when it becomes moist, and thereby occludes the trachea.

All in all, Hahn is one of the best general surgeons you will find anywhere. His operating room is the best in its appointments in Berlin.

Prof. Kuester, at the Augusta Hospital, also does a large amount of surgical work.

The Augusta Hospital was established by the late Empress Augusta, grandmother of the present emperor, and who endowed it. There are about one hundred and fifty surgical beds; and they are always filled.

Prof. Kuester is a very genial gentleman, is in the forties, speaks English some, and is much liked by all who learn to know him. He was a very intimate friend of the late Prof. Volkmann, of Halle, and was one of the men talked of as his successor.

Kuester is a very careful, yet with all, rapid operator. Kuester's operating room is also very admirable in its appointments, but is only about half as long as that at Friederichshain. He also has many ways of performing operations, original with himself. He closes deep wounds, such as wounds after radical operation for hernia, and abdominal wounds after laparotomy, by what is called here *etage naht*, or a series of layers of buried continuous catgut sutures. Thus in closing the abdomen after laparotomy, he first sews the peritoneum with continuous catgut sutures. Then he sews up a fold of tissue over the one already sewed, and so on, until the skin is reached, which is also united in the same manner. In a wound thus sewed there may be six or more layers of buried sutures, one above the other. The object in using this method of suturing is to so closely approximate all parts of the wound as to leave no spaces or pockets that are not coaptated. A precaution necessary in this method of suturing is to be sure to have the catgut thoroughly aseptic, other-

wise there may be the possibility of abscesses forming.

Kuester's method of performing nephrotomy and nephrectomy is also different from any I have seen others do. It is much simpler than the method as practiced by Bardenheuer, of Koln, which I described in a former letter. Kuester makes an incision over the center of the kidney, at right angles to the long axis of the organ. This incision brings the field of operation directly over the pelvis of the kidney, and exposes the organ very nicely. I saw him perform the operation several times for pyo-nephrosis and for renal calculi.

The case of pyo-nephrosis was very interesting from the fact that it was possible to macroscopically demonstrate the presence of pus in the pelvis of the kidney before the operation was done. The patient was a middle aged woman, who had been suffering for a long time with pains in the region of the right kidney. Along with the other physical symptoms it was possible to demonstrate the presence of pyo-nephritis in this manner. The patient was placed on her back, her bladder was carefully washed out with lukewarm water, and then with a 3% solution of salicylic acid. A catheter being placed in the bladder, and deep pressure exerted through the abdominal walls over the kidney, it was possible to force pus into the bladder and through the catheter, fully demonstrating the fact that there was pus in the pelvis of the kidney.

When the operation was performed it was found that the pelvis of the kidney was much enlarged by an abscess. The abscess was drained, the edges stitched to the sides of the wound, and around the drainage tube aseptic gauze was packed, and over all a big dressing was applied. The patient made a good recovery.

Another case was that of a strong young woman, who also complained of constant pain in the right kidney. An examination under chloroform developed the fact that the kidney was enlarged, and puncture with a hypodermic syringe further showed that there was hydronephrosis. The operation demonstrated the existence of a distended pelvis, from which quite a quantity of fluid was aspirated, and at the bottom of the cystic pelvis was found a stone the size of a hazel nut. This patient also made a brilliant and rapid recovery.

A very interesting, though sad case, was that of a boy, æt. 12 years, with multiple osteomyelitis. Osteomyelitis first developed in the left tibia, which was chiseled up its entire length; then the right tibia was affected, and next one of the bones of the left forearm. Then the left clavicle became the seat of the disease, and in chiseling open the bone, the sterno-clavicular joint was opened. While in this condition pleurisy with effusion set in, which became suppurative, and so one or two ribs were resected. Hardly had he rallied from the effects of the last operation, when pericarditis set in, and the pericardium was opened and drained. After this last operation he lived only eight or ten days.

Another, to me, interesting case was one of ovariotomy. On opening the abdomen, it was found full of thick, jelly-like myxomatous masses. The peritoneum was almost one half a centimeter thick. The ovarian cyst was easily removed, but the abdomen was so full of myxomatous masses that it was impossible to remove them all. Scooping out as much as was possible, and with a clean sponge mopping the peritoneum and bowels as well as could be done, the abdomen was closed. The patient made a rapid recovery. When the skin of the abdomen has been sutured, Prof. Kuester paints over the wound iodoform collodion, and applies no other dressing.

This case was very instructive from the fact that here would have arisen the temptation with many operators to thoroughly flush the abdomen with hot water, in order to clean away the masses of myxomatous substance.

Another case of ovariotomy I saw Kuester peform was that of a case of twisted pedicle of a simple ovarian cyst.

The pedicle showed signs of its circulation having been cut off, and in the cyst wall numerous new vessels had formed, showing that it was being nourished by a collateral circulation, established by newly formed vessels.

Although the woman was in a weak condition when she was operated on, she made a rapid and uninterrupted recovery. In discussing the matter of washing out the abdomen, in cases as described, Prof. Kuester said to me that he believed the reason there were so many reports of death from shock in America was due to the indiscriminate use of hot water in the abdominal cavity, stating that with him shock was almost unknown after these operations.

From what I have seen elsewhere and the results of other operated cases that I have seen, I am led to believe that there may be a great deal of truth in the above statements.

Here with Prof. Kuester, I saw the only case of gunshot wound of the bowels thus far since I left America. It was that of a student who had been shot in a duel. I saw the patient next morning after the operation, which occurred during the night. The patient died about seventy-two hours after the operation from septic peritonitis. There were several perforations of the small intestines which Prof. Kuester closed by Lembert suture. On making the post-mortem it was found that sutures were intact and in the abdominal cavity there had been no extravasation of intestinal contents, but it was found that a piece of the patient's clothing had been carried under the peritoneum, right in the wound, and which no doubt was the cause of the peritonitis by infection.

Among the other operations that I saw Kuester perform were two operations on the upper air passages for malignant growths. Strange to say both patients were medical men, of middle age. The first was a case of cancer of the larynx. The growth was small and was severed by opening the larynx in the median line. It is in these cases that the tampon canula of Trendelenburg or Hahn is used. Tracheotomy is first performed and the canula inserted, and the chloroform is adminis-

tered by means of a funnel covered with flannel; the funnel is connected with the canula by an elastic tube. By this means the vapor of the anæsthetic enters the lungs, and leaves the field of operation unobstructed by the assistant's hands and the chloroform mask, as is the case where the anæsthetic is administered through the nose and mouth. At the same time the trachea is shut off completely by the tampon of the canula so that blood cannot trickle into the bronchial tubes.

It is possible, however, if care is not taken, that blood can get into the bronchi, especially if, in using Hahn's instrument, the sponge is not of the proper size and properly compressed.

This accident happened in the second case operated on by Kuester.

This case was one of cancer of the tonsil, also, in a middle aged medical man.

The growth was on the right tonsil, and extended into the underlying tissues.

The growth was removed through a long incision made behind the angle of the jaw and extending downward. The operation was nicely done. The patient, however, was attacked with pneumonia, to which he succumbed. The pneumonia was caused by blood getting in alongside of the canula, the sponge tampon evidently not having been properly constructed.

The men who do the most abdominal surgery here are Olshausen, the successor of Schroeder, at the Koenigliche Frauen Klinik, and Martin, who you well remember was at Washington at the International Congress.

I had the opportunity of seeing both perform a great number of ovariotomies, hysterectomies and extirpations of the uterus by the vaginal method.

Prof. Olshausen operates at seven to eight o'clock in the morning. He is a very clear teacher and fluent talker, and his clinics are constantly crowded. There is nothing peculiar about his methods with the exception of his manner of performing vaginal extirpation of the uterus, but space will not permit me to describe it here.

Martin, however, is a "genius" and might be termed the "Tait" of Berlin. I never have seen a man of his size and build so dexterous with his hands.

It is a pleasure to see him cut and sew and tie sutures. He has a very certain eye, and his sutures always go to the right place. Much credit is due to his able assistant, Mr. Horn, who has the intuition to know what instrument or what manipulation is intended next, and Martin never utters a word as to what he wants—it is always ready.

You can imagine that he is rapid when he removes a simple ovarian cyst in eight minutes, including the opening and suturing of the abdomen; and he performs a hysterectomy in thirty-four minutes.

Martin performs all of his operations in a sitting posture, between the patient's limbs, which rest partly on his knees. In my Paris letter I described this method as also practiced by LeDentu. The patient rests on a table peculiarly constructed, according to the ideas of Mr. Horn, and fully illustrated and described in his book.

In opening the abdomen he hardly ever puts a hæmostatic forceps on a bleeding vessel, or applies a ligature —in fact does not seem to care for hæmorrhage (unless excessive) before opening the peritoneum. In these operations he uses very few instruments. His needle, a holder, five or six of his bullet forceps, and sponge holders and knife, are about all the instruments he uses. Catgut is used for all ligatures and sutures, silk only for abdominal sutures. He uses only four usually, for deep sutures, and a few for superfiical ones.

Martin uses annually 1800 marks' worth of catgut. Blood and pus are simply sponged out of the abdomen, if the case requires it. If it is anticipated that there may be suppuration, the abdomen is drained by means of a rubber drainage tube into the vagina through Douglas' cul de sac. Martin has good results from his operations. Out of 80 cases he lost one case from septic peritonitis. This was a case upon which I saw him operate. It was a case of right sided salpingitis, and in removing the tube it burst, and as it was very large quite a quantity of pus got into the abdomen. The woman died in less than forty-eight hours after the operation from septic peritonitis. Microscopic examination showed streptococci, which also were propogated by culture.

Twice before I had seen him perform salpingotomy for phosalphinx, pus also getting into the abdomen, and the patient recovered without outward symptoms.

I also saw him perform vaginal exterpation of the uterus according to his method, a description of which would take too long in a letter, and besides it must be seen to fully appreciate the method. In many respects I think it superior to the method as practiced by Olshausen, though it takes greater dexterity to perform it.

Martin is chairman of the next International Medical Congress which will be held here in August.

The committee on organization is composed of Prof. Virchow, chairman, Prof. Bergman, Prof. Leyden, Prof. Waldeyer, vice chairmen, and Dr. P. Lassar, secretary general; Prof. Wm. Bergman is chairman of the section on surgery.

The committee is actively engaged in making arrangements.

The Congress will meet in the "Landes Austellungs Park," and there will be also in connection with it a "Medico-Scientific Exhibition" where everything that pertains to medicine, surgery and their collateral sciences will be placed on exhibition.

Special transportation rates will be had for members attending from America.

The admission membership fee is 20 Marks (five dollars) for which each member will be entitled to a copy of the transactions.

There is now in process of erection, a memorial to the renowned Langenbeck in the shape of a "Langenbeck Haus," which will be a building devoted to the wants of

the medical profession, and will be for the meetings of medical societies. It will be built in a manner suitable for such purposes. There will be a large auditorium, library, committee rooms, janitors' rooms, and rooms for pathological specimens, microscopy, and other purposes.

This memorial to Langenbeck was called into existence by the late Empress Augusta, his warm friend and patron, and the movement was liberally endorsed by her, and contributions were received from medical men throughout the empire and from private individuals.

Such I think is a fitting movement to the memory of a great man, and it is a pity that others' memories are not thus honored and kept ever fresh and green rather than by shafts of marble and pillows of bronze.

A. H. Meisenbach, M.D.

SELECTIONS.

METHODS OF CRANIOTOMY.

Such indications as the following require this operation:

1. Application of the forceps for a long time without appreciable progress, or cases of version in which it is impossible to extract the head.

2. The certainty that the fœtus is no longer living.

3. Such a condition of the mother that the Cæsarean operation would almost with certainty be followed by death.

4. Certain varieties of deformity of the fœtus.

The method of craniotomy will vary according as there is a greater or lesser degree of pelvic deformity. In the latter case the method which is to be preferred will depend in great measure upon the character of the efforts which have already been made.

If the forceps has been used unsuccessfully, the vertex of the fœtal head should be perforated and the forceps then used as a tractor. In the higher degrees of pelvic deformity the method will consist, first in podalic version and extraction of the body; second, in perforation through the palatal process; third, in cephalotripsy; fourth, in extraction of the body by means of the cephalotribe or by traction upon the body and the inferior maxilla, combined with pressure above the pubes. The advantages of this method are:

1. The base of the cranium is more effectually destroyed.

2. The head is firmly fixed during perforation and destruction of the brain.

3. The position of the head may be varied, the cephalotribe being applied in different directions, so as to adapt the smallest diameter of the crushed skull to the proper diameter of the pelvis.

4. The head having been crushed, it will be more easy to exert traction upon the jaw and the body of the fœtus, combining suprapubic pressure therewith.—Andrew F. Currier, M.D., in New York *Med. Jour.*, from Trans. of Obst. Soc. of London.

Rigidity Of os Uteri—Incision—Recovery.—F. S. Watson, M.D. in *Brit. Med. Jour.*—On December 5, 8 p.m., I attended a primapara, æt. 30 years, married two years, good medical history. Pains were strong and frequent; the nurse stated that the waters had broken on December 3, and that the pains had left till now. The os was dilated to the size of half-a-crown, the parts moist. After waiting two hours without any change I left.

December 6, 7 a.m., dilatation had increased, but pains slight and few; 8 a m., pains returned, and I gave antimonial wine every half-hour till nauseated, then administered chloroform, but without result.

December 7, 10 a m. As the pains were strong and the parts hot and dry, I decided to terminate the labor by incising the os, and consulted my partner, who agreed that it was absolutely necessary, and kindly rendered valuable assistance. I first applied the forceps to steady the uterus, then made incisions anteriorly and posteriorly to the extent of about half an inch; the child's head was now forced through before I could make more. The rest was natural, the uterus contracting well. The child was dead. After-treatment consisted merely of careful diet and syringing every four hours with Condy's fluid. Temperature remained normal, the patient making an uninterrupted recovery, being up on the tenth day, and now perfectly well.—*Arch. Gyn.*

The Value of Antiseptic Precautions in Internal Urethrotomy.—The dangers of the operation itself are, the author, Dr. B. Clarke, maintained, dependent on septic fever; and it depended either on self-infection from a septic urethra or on dirty instruments. The latter source of infection could be easily guarded against by the thorough cleaning of instruments and catheters, whilst the purification of the urethra was no easy matter. To effect this, however, as far as possible, the urethra should be irrigated with sublimate 1 in 2,000 for several days beforehand, when the stricture has been divided, the bladder should be washed out with a similar solution, and then with hot water at a temperature of 105° F. After this a catheter should be tied in for twenty-four hours By this means the urine came very little in contact with the urethra, and septic infection was avoided. Fifteen cases were related in which the plan had been tried by the author, and he alluded to some others in which he had suggested the plan to other surgeons. The results were very successful.—*Brit. Med. Journ.*

A Paste That Will Adhere to Anything.—Professor Alex. Winchell is credited with the invention of a cement that will stick to anything. Take two ounces of clear gum arabic, one and one-half ounces of fine starch, and one-half ounce of white sugar. Pulverize the gum arabic, and dissolve it in as much water as the

laundress would use for the quantity of starch indicated. Dissolve the starch and sugar in the gum solution. Then cook the mixture in a vessel suspended in boiling water until the starch becomes clear. The cement should be as thick as tar, and kept so. It can be kept from spoiling by dropping in a lump of camphor, or a little oil of cloves or sassafras. This cement is very strong indeed, and will stick perfectly to glazed surfaces, and is good to repair broken rocks, minerals, or fossils. The addition of a small amount of sulphate of aluminum will increase the effectiveness of the paste, besides helping to prevent decomposition.—*National Druggist.*

USEFUL FORMULÆ.

The Treatment of Measles.—This very interesting subject is exhaustively discussed by Dr. R. B. M'Call, of Georgetown, Ohio, who ascribes to the disease the importance which justly belongs to it. He says that the disease is one of a more serious nature than is usually believed, and claims that a large percentage of those who take the disease in adult age die within three years afterwards, from some of the complications. In speaking of the management of the disease, he has touched every possible phase of the disease. For the constipation which frequently is present, he recommends one of the following prescriptions:

℞ Salol,
Bismuth subnit., - - - aa ʒss.
M.—Div. in chart No. vi, vel ft. capsule No. vi.
Sig.: One every three or five hours.

Or salol alone, according to the following:

℞ Salol, - - - - - - - ʒj.
Sig.: Fill ten capsules, and take one every three or five hours.

Should there be any tenesmus, he recommends the following:

℞ Bismuth subnit., - - - - ʒij.
Tr. opii, - - - - gtt.lxxx.
Neutralizing cordial, - - ʒxxiv.
M.—Sig.: Teaspoonful frequently repeated if required.

He proceeds to say: In any event, it may be best to commence treatment with laxatives. A neutralizing cordial will answer, or the following repeated:

℞ Ext. cascara sagrad., - - - fʒij.
Elix. cascaræ, - - - fʒxxxij.
Sig.: Teaspoonful.

Or, one of the following powders:

℞ Hydrarg. sub-mur., - - - gr.j.
Pulv. pepsin., - - - - ℈j.
M.—Et. div. in chart No. iv.
Sig.: One, to be repeated or not, as may be indicated.

Should there be a persistent discharge from the eyes, employ one of the subjoined unguents:

℞ Hydrarg. sub-mur., - - - gr.x.
Vaselin (white) - - - - ʒiv.

Or,

℞ Hydrarg. ox. flav., - - - gr.v.
Vaselin (white) - - - - ʒiv.—M.

A useful collyrium is the following:

℞ Zinci sulph.,
Morph. sulph., - - - aa gr.ss.
Aquæ rosæ, - - - - ʒviii.
Sol.—Sig.: A few drops instilled in eyes two or three times a day.

For the coryza:

℞ Cocaine hydrochl, - - - gr.v.
Aq. rosæ (fresh) - - - - gr.c.
Sol.—Sig.: Throw five or ten drops into nares, and repeat till anæsthesia of Schneiderian membrane is produced, or, brush the walls of the nasal cavities; also, apply to posterior nares and pharynx.

When there is offensive discharge, instil or inject a mild solution of carbolic acid (acid carbol., gtt. 2 to 5, aq. pur., ʒj); a solution of campho phenique (campho-phenique, water, or glycerine, equal parts); listerin (listerin, ʒij, aq. or glycerine, ʒviij), or iodoform, of the strength of five grains to the fluid ounce of the menstruum. Iron, strychnine, and cod-liver oil are frequently necessary.

In the treatment of the bronchitis, a mustard cataplasm must be applied to the chest, for young children, made weak; or, for the latter, a spinal plaster. Camphor stupes afford great relief. As a stimulant and resolvent, give the following:

℞ Ammon. carb., - - - - ʒss.
Syr. simplicis vel tolu, - - ʒxvj.
M.—Sig.: Half teaspoonful for a child; one to two teaspoonfuls for an adult.

When the cough is very difficult, benefit may follow the use of this:

℞ Antimon. potas. tart., - - - gr.j.
Potas. chlorat., - - - gr.x.
Aq. menth. pip., - - ʒxxxij.
M.—Sig.: Teaspoonful.

When the chronic form is assumed, with or without asthmatic respiration, the following may be used with advantage:

℞ Ext. grindelia robusta, - - fʒiv.
Glycerine,
Syr. tolu, - - - - aa ʒviij.
M.—Sig.: From one fourth to one-half teaspoonful to a child; from one to two teaspoonfuls to an adult.

In pneumonia, stimulants and derivatives must be energetically and quickly applied. From the beginning, reliance should be placed on quinine, taken in small, oft-repeated doses; as a febrifuge, aconite in small doses. For the sthenic form, give Norwood's tr. verat. vir., in minute doses, every hour or two, till pulse and temperature are reduced. Give milk regularly day and night. Beef tea, if well borne, may be taken. Artificial peptonized foods may prove advantageous.—*Med. Standard.*

ORIGINAL ARTICLES.

ON LANCING THE GUMS OF TEETHING INFANTS.

BY BRANK R. FRY, A.M., M D., ST. LOUIS.

Read before the St. Louis Medico-Chirurgical Society, April 29, 1890.

I lanced no gums during the first three or four years that I practiced medicine. To this course I was led by reading the views of certain modern writers, who, to my mind, prove that lancing the gums in any manner seldom, if ever, hastens the eruption of teeth. Like them, I also overlooked the fact that anything else was to be gained by the practice.

On several occasions I was severely criticised by a small but lively contingent of that great body whom we serve and whom we charitably and conveniently call the laity, and twice by medical men of my own and another school, for failing to perform this all-important office. On one of these occasions, per force of circumstances, I was subjected to considerable annoyance, more, I cannot refrain from boasting, than I would now tolerate. But I began about that time to lance gums; not, however, of all the babies that I saw, whom I imagined to be teething. Neither was I actuated by politic motives. After reading the views of some older and some modern writers, I determined to test if possible, whether the immediate relief of local irritation which they claimed to have witnessed from the use of the gum-lancet could be verified. In a measure I think it may, especially if the use of the instrument is judicious. This admission implies that I continued to use the lancet; not, by the way, a gum-lancet, for I never used or owned one. I am not guilty of so much mischief of this kind but that I can get along conveniently with an ordinary pocket scalpel-blade.

A pertinent question to ask one who confesses to indulge this habit now-a-days is: Why do you lance gums? First of all I assert the fact that I never do so with a view to hasten the eruption of teeth. I share the disgust of most modern practitioners for the old methods of butchery by which this end was sought and believed to have been attained. Finding that a linear incision deep down onto the crown of the tooth healed long before the tooth was ready to come through, crucial cuts were made. As this did not sufficiently facilitate matters, the practice was actually indulged of cutting out a plug from the gum so as to make a good big hole which it was hoped would remain open long enough for the tardy tooth to get through it. Imagine the condition of a mouth full of such wounds. That the tension of the gums over the crowns of growing teeth is the principle source of irritation attending the teething process I do not believe. If so, an incision across the tense structures would cause them to gape and relieve the tension. This phenomenon is rarely, if ever, witnessed. If other evidence were wanting, sufficient is to be found in the fact that practitioners at one time felt themselves driven to the above-described heroic methods to relieve a supposed tension, which, they did not seem to understand, was never found by them. On the other hand, because we must abandon the tension theory, I am not ready to jump to another extreme with those who persuade themselves that the local irritation attending teething is little more than a myth. That the effects of this irritation have been greatly overestimated, informed physicians now all agree. But that a greater or less amount of local irritation does always exist should never be lost sight of. That there is then a greater or less amount of local hyperæmia there is no doubt. That it is often great the gums show. That there is then a consequent hyperæthesia is equally apparent. That this may be temporarily and often permanently relieved by local depletion, obtained by slightly scarifying the gums, I am from experience convinced. That the relief of the hyperæthesia often relieves all local irritation I am in like manner convinced; and so I believe may anyone be who will take the pains to carefully use a lancet in cases of this description.

Granting the correctness of these conclusions, is there enough to be gained by this modified gum-lancing to warrant us in practicing it? I think so. First place, it is a much simpler process than the former more thorough methods, and is unattended with anything approaching the same amount of suffering, often apparently with none. It often seems grateful, even to the patients. So far as I have been able to observe it is harmless. I have never seen a sore mouth from moderately scarifying the gums and I do not see that such a consequence is to be expected. Neither do I believe that these slight, superficial cicatrices, even though numerous, interfere with the eruption of teeth. Hence I think the conclusion justified that there are no objections to the practice on the score of inconveniences; and therefore that if there is a probability of benefit to be thus derived we should not hesitate to employ it.

I do not believe in "teething fits," or in other words, that infantile convulsions ever result solely from the irritation attending the growing and eruption of teeth. But I do believe that this may become one of the many factors which, at the teething age of infants, easily induce or at least exaggerate a general irritability which in the predisposed organism results in spasm. There are anatomical reasons to explain why all infants are predisposed to convulsions: the disproportionate size of the brain and extent of the cerebral circulation; the undeveloped condition of the higher centers and consequent incomplete control of the more advanced and active, lower, reflex centers; as well as the probable fact that developing nerve tissue is everywhere more sensitive to some influences than in its perfected condition. A large proportion of all infants are further predisposed on account of defects or perversions of develop-

ment. This fact the investigations of Sir Wm Jenner and others have proved to the satisfaction of the profession generally. Jenner explains that the frequent association of "rickets" and convulsions in children is due to the fact that both phenomena are consequences of a general defective development of the tissues, only showing itself more plainly in the bones on account of the character of that tissue. To these two predisposing causes may probably be added another in many instances; at least, clinical facts would lead us to believe that in addition to ordinary structural defects there are less well-defined ones on which depends an inherited neurotic disposition.

While we readily recognize this variety of predisposing causes, unfortunately, we never know the amount of predisposition in any case we are called to treat. When a baby has had a convulsion the first questions always put to the practitioner are concerning the probabilities of more convulsions following. How often are we able to give reliable predictions one way or the other? Our shrewdest guesses are often wide of the mark. This ignorance should prompt us never to omit rational hygienic and other precautions.

Large quantities of ingesta, indigestible substances, worms, etc., are capable of exciting enough irritation (or some other disturbance, call it what you please) in the intestinal tract to thus become the exciting causes of spasm. We are compelled to recognize the fact, that although apparently slight, they are nevertheless, exciting causes. It is true the predisposition may be great at the time. If so, the further fact must be admitted that this varies greatly, often rapidly, in the same individual.

What may be said of other seeming slight exciting causing may be said of the local irritation incident to teething: if there is any possible, and reasonable way of relieving or removing the same we should resort to it. The fact cannot be too well learned and remembered that the developing nervous system should be kept as free from unusual and unnecessary irritation as possible; a lesson that the medical profession has been trying, with imperfect success, to teach the laity for many years. There is a poetical passage in Michael Foster's physiological writing which I have quoted before and often find recurring to my memory: "All day long and every day multitudinous afferent impulses, from eye and ear, and skin and muscle, and other tissues and organs, are streaming into our nervous system, and, did each afferent impulse produce its correlative motor impulse our life would be a prolonged convulsion. As it is, by checks and counter-checks of cerebral and spinal activities, all these impulses are drilled and marshaled and kept in hand, in orderly array, till a movement is called for." It would seem very important that during the building of this wonderful living mechanism it should be carefully protected, that its intricate parts may work long and harmoniously.

PNEUMONIA.

BY J. M'CASEY, M.D., C.M., CONCORDIA, KAN.

Read before the Republican Valley Medical Society at Concordia, April 4, 1890.

I. Its Relation to Essential Fevers.
II. Micro-Organisms.
III. Fatality.
IV. Therapeutics.
V. Antipyretics.
VI. Alcohol.
VII. Relapses.
VIII. Phthisis.

Acute lobar pneumonia possesses many points of practical importance and pathological interest. Not endeavoring to deal with the morbid anatomy, clinical history, diagnosis, etc., I will consider briefly a few questions, calculated to create discussion upon those points upon which difference of opinion is held.

I. Is croupous pneumonia an essential fever or a primary, local inflammatory disease, with the lung as the seat of the characteristic local lesion? The best authorities consider it an essential fever with the lung as the seat of the local lesion, in the same sense that diphtheria selects the throat for its seat of manifestation. Typhoid fever selects Peyer's patches, smallpox the face, measles and scarlet fever the skin, meningitis the membranes of the brain. Pneumonia is a self-limiting disease, and does not run a course proportional to the amount of tissue involved.

In uncomplicated cases the fever abates in five to eight days. Whether one, two or three lobes are affected does not materially affect the duration of the fever.

In inflammation of the liver, pleuræ, skin, tonsils, salivary glands, joints, etc., the extent of tissue inflamed, whether resulting in suppuration or not, affects the duration of the fever in a marked degree. For example, a cellulitis resulting in abscess will likely give rise to more or less fever for several weeks (sometimes months). Inflammation of a tonsil, followed by suppuration, will rarely be accompanied by fever for longer time than three to six days. It is true that lung fever is more often accompanied by circumscribed dry pleurisy. When this is the case we have a local inflammation set up in the pleura as the result of the essential fever, pneumonia.

Acute lobar pneumonia rarely persists and becomes a chronic affection, which is true of cellulitis, tonsillitis and joint inflammation. The inflammations just spoken of are often of traumatic origin. Pneumonia rarely ever is. Pneumonia prevails as an epidemic and is more prevalent at certain seasons of the year and in certain climates.

II. Is there any reason for supposing pneumonia to be due to a micro-organism? Yes. From numerous experiments performed in Germany, France and some

in this country, it has been shown that an elliptical pneumococcus may be found in the pneumonic lung up to the eighth or ninth day of the disease. A hypodermic needle was inserted into the hepatized lung tissue and the microbes drawn out and introduced in the same manner into the healthy lung tissue of dogs, rabbits, mice, Guinea pigs, etc., which resulted in fatal pneumonia in a large per cent of cases, as shown by autopsy.

The inoculation is more certain and complete if the lung soil is rendered favorable by previous debilitation. Exposure to a cold, humid atmosphere stands in causative relation to pneumonia in any case.

III. What circumstances favor a fatal termination? Without accident and uncomplicated, it tends to recovery. It is often secondary to grave diseases, as typhoid fever, rubeola, whooping cough, renal diseases, etc. In this event it is the combination that kills. Again pneumonia may excite or cause other diseases, as empyema.

Pneumonia is especially severe on the aged, the feeble, the very young (especially during teething), and the colored race. Likewise on the female sex, more especially during pregnancy. It is much worse when more than one lobe is affected. Involvement of the upper lobe is most serious. When the whole lung is affected recovery is doubtful; recovery in complete double pneumonia is the exception. There is a fatality of double the ordinary proportion in drunkards. An irregular or intermittent pulse of 130 to 140, a temperature of 105°, betokens approaching death. Temperature of 106° is fatal.

Low muttering delirium, subsultus tendinæ, coma vigil, cold extremities, clammy skin, great pallor, emaciation, pinched, drawn features, great lividity, all portend the patient's doom.

The death rate of pneumonia is about one in five. Dr. Osler, of Baltimore, says that hospital reports are not reliable as to the increased death rate during late years, although the census returns of the United States show an increased mortality from pneumonia. The death-rate is larger in cities than in the country on account of the pauper element in the former. In the Boston City Hospital for the past 14 years 29% of those affected with pneumonia died. Dr. Osler says that many cases are uninfluenced by treatment. He has practised free bleeding for ten years and says it is a shame to permit strong, sanguine persons to die from over distention of the right heart for want of bleeding. Where I practiced bleeding myself it was attended by the most salutary results. I think that bleeding should be revived to some extent.

When the debris of the blood was drawn off by way of the median basilic vein the death rate was 1 to 3.

When bleeding was abandoned in favor of emetics and purgatives, 1 to 4.

In uncomplicated cases, the do nothing plan, 15% fatal. Suppurative, 5% fatal.

Dr. Arthur Jamison gives these statistics in his report of 213 cases.

Of 150 of those whom he examined occasionally afterward there were 81 perfectly clear lungs, 74 had dulness, 13 died of phthisis.

He thought it important to secure complete resolution, as the tubercle bacillus finds its best nidus in old inflammatory products. In the 81 cases he used tartar emetic freely, and believes it to be the best remedy. Its action seemed to be a respiratory sedative.

IV. Therapeutics.—Absolute rest. Too much attention can not be paid to this first essential. In our experience we can all recall instances of severe accidents occurring in the course of treatment from neglect of this point. Temperature of the room should be at 70° to 75°. Good ventilation without draughts. Begin with a cathartic; calomel is my favorite. I usually combine it with soda bicarb. or jalap. Calomel, grs. ij to iij, twice a day until a good action of the bowels is secured.

Aconite in drop doses every one to four hours for first three or four days, as an arterial sedative. Warm flaxseed poultices applied to the lung are both grateful and beneficial.

Morphine and Dover's powder to lessen shock and give rest during early stages. Morphine is more acceptable to the stomach.

Ammonia.—At the end of the third or fourth day we may begin to administer ammon. mur. or ammon. carb., grs. v to x, every two to six hours, which renders the exudation less abundant and liquefies it, promotes expectoration, renders the blood more alkaline, plastic and so prevents embolism. It keeps up the heart, and aids resolution and absorption.

V. Do antipyretic measures contribute towards bringing about a favorable result? The morbid anatomy, first, consolidation of lung tissue; second, fever, are two important pathological conditions.

1. Consolidation diminishes the area of breathing space.

2. It is an impediment to pulmonary circulation.

With high fever there is an increased demand for oxygen, which causes rapid breathing and quickening of the pulse. If the fever remains high, 104° to 105°, for a few days, the right ventricle is called upon to do an excessive amount of work, and heart failure is the inevitable result. Therapeutic measures which keep the range of fever below 101°, and the pulse below 100 to 110 until the violence of the disease has been spent necessarily removes uncomplicated pneumonia from the list of dangerous diseases, and lessens the liability to complications.

The antipyretic drugs that have been used are aconite, quinine, veratrum viride, soda salicylate, antipyrin, antifebrin, etc. Phenacetin is still on trial. Quinine is believed by many to be the best of its class, but it requires grs. xx to xxx several hours to reduce the temperature 1 to 3 degrees for a period of 5 to 6 hours. The fever will again return.

This may be followed by vomiting, deafness, cardiac depression and general discomfort. Antipyrine in doses of grs. xv to xx will lower the fever four times

as promptly. One or two doses of this drug will reduce in a few hours a temperature of 105° to 101°, a pulse of 120 to 90 or 100, respiration of 40 to 30 per minute. These results will remain for 8 to 12 hours, when another dose or two may be given. The delirium is quieted, the nervous pain is relieved, the pulse rendered more regular. There is no deafness or ringing in the ears.

The wet sheet, cold pack, baths or sponging are of signal utility in controlling pneumonic fever. I would prefer to have a fever of 101° and a pulse of 105, and respirations 32 per minute than to press antipyretic treatment too strongly. Dr. Prochet, of Charleston, keeps two towels soaked in icewater; one he applies to the forehead, the other he applies to the hands and arms. This he keeps up for 20 minutes, then suspends them for a few hours. Dr. N. S. Davis, of Chicago, says, "the excessive temperature of pneumonia can be more safely and uniformly controlled by frequent sponging of the surface with cold water than by what is known as antipyretic doses of drugs." People that kick on baths accept sponging as a compromise.

Calomel. An old physician of St. Louis, Dr. Mc Manus, says: "I see no reason why any one should die of pneumonia so long as the calomel holds out." He administers grs. xxx to lx at the first dose.

My use of calomel is during the early stages in doses of grs. ij to iij twice a day to secure free action of the bowels, which lowers fever, reduces the frequency of the pulse, and greatly lessens the amount of engorgement. Calomel seems to have a powerful antiseptic action along the alimentary tract, and in fact throughout the whole system, perhaps from its conversion into the bichloride.

VI. Alcohol in half ounce doses may be administered every two to four hours with benefit during the resolving stage. Dr. Flint administered two ounces of brandy hourly to an infant fourteen months old, and the child recovered from whooping cough, complicated with pneumonia.

Dr. Tully relates an instance that occurred in Virginia where eight pints of whisky were administered in twenty-four hours in typhoid pneumonia, "not only without injury, but with benefit." It is to be regreted that the proof of the spirits as well as the proof of the story was not taken. The amount would be heroic treatment for snake bite.

Unfortunately there are no recorded statistics to furnish any data as to the mortality of pneumonia when treated without alcohol, disease being regarded as a synonym for waste of tissue. The theory of alcoholic stimulation is deeply rooted in the minds of the people. The medicine seems to be agreeable in the great majority of cases. It finds many advocates. In my judgment if there is one disease more than another where alcoholic stimulation is beneficial, it is pneumonia. I have sometimes administered twelve to sixteen ounces in twenty-four hours for one to three days to tide the patient over the danger point. Roberts recommends a pint of brandy in twenty-four hours. When the pulse rises above 110 to 120 the case is more serious. The more frequent the pulse the greater need of stimulants. also in intermittent pulse and the aged. The victims of the alcoholic habit cannot rally without it. It does not either raise or lower the temperature materially.

It is of greatest utility when given as milk punch. It should be given at regular intervals, two to four hours, to obviate the depression that follows the employment of large draughts at long intervals. It is a good practice to meet emergencies as they arise. No specific directions can be given as to the administration of alcohol. The same may be said regarding other therapeutic measures. The symptomatic treatment of pneumonia is the only treatment, if it can be said to have any, and has yielded, according to statistics, by far the best results.

VII. Do relapses occur in pneumonia? Pneumonia, regarded as an essential fever, with the lungs as the seat of local lesion, uncomplicated, are said to be exempted from relapses. Extension of inflammation to another lobe, inflammation in other localities and concurrent malaria often explain the slight exacerbations of fever after the crisis.

VIII. What are the sequelæ of pneumonia? Bronchitis and dry pleurisy rarely fail to exist as concurrent diseases. They are usually confined to the affected area and rarely alter the course of the disease. Pericarditis, although less common, is a serious complication, proving fatal in 50% of cases affected. It is found in about equal frequency in pneumonias of the right and left side.

The formation of thrombus is proved in cases where a large portion of the lung is involved—for example, double pneumonia which obstructs the free passage of blood through the lungs.

This diminished heart power, coupled with the increased fibrin of the blood, readily leads to the formation of blood clots.

Meningitis occurs, not as a complication, but as a secondary disease.

Gastro-intestinal catarrh is sometimes present in severe attacks of pneumonia.

Jaundice, from impeded circulation in the lungs, causing congestion of the liver, is not infrequently present.

Acute Bright's disease often supervenes in pneumonia, and, according to Huss, is present in 50% of cases terminating fatally.

Gangrene of the lungs occurs in about 2% of cases.

Abscess occurs in about 1% of cases. One attack of acute lobar pneumonia predisposes to a repetition, or induces a proclivity to its return, not as relapse, but as a primary attack.

Phthisis being both inherited and acquired, it seems reasonable to assert that non-resolving pneumonia of the upper lobe would furnish a favorable soil for the growth and propagation of tubercle bacillus.

Phthisis is more frequent in the apex, and pneumonia

in the lower lobe of the lung. Consequently it is difficult to establish a causative relation of phthisis to pneumonia.

TRANSLATION.

IMPOTENCE IN THE MALE, AND ITS TREATMENT.[1]

BY DR. LEOPOLD CASPER, OF BERLIN.

Translated by Wm. N Beggs, A.B., M.D., St. Louis.

Impotentia Psychica.

We come now to the description of the most frequent, and, therefore, also the most important form, *psychic impotence.* Of this we find different grades and degrees. The conception of potence is in this respect fixed, that we understand by it the ability of a man to repeatedly accomplish copulation with a female within a given period of time. Now we are not in a position to give definite numbers as to how often a healthy man must be able to cohabit in a definite time. The age of the man, his disposition, desire for the woman in question, and many other things all have their influence. However, there is, nevertheless, a physiological standard. If this is diminished, we can speak of impotence. This would be called a partial or incomplete impotence as opposed to the absolute impotence of the individual who is not at all able to accomplish sexual congress.

The age at which man becomes able to copulate, and at which he loses this ability, naturally varies, and depends upon many circumstances. The disappearance of sexual ability, however, varies more than its appearance. Many men preserve their potence to extreme old age; in many, however, it, or a part thereof, disappears very early. Sometimes exhausting diseases precede the appearance of this practically senile condition; sometimes, however, it appears, in a certain sense, physiologically, without premonitions. In the latter case the transition from potence to impotence is gradual.

The individual notices a diminution in his ability; while he was formerly able to copulate almost daily, now constantly increasing periods of rest must intervene before he can again succeed in sexual congress; or while formerly the sexual act was promptly completed, now it lasts considerably longer; and, while formerly any erotic excitement sufficed to bring about the condition necessary for coitus now unusual and complicated excitation is necessary.

There is also diminution of potence when an individual is able to cohabit with certain persons only. This form of impotence, which belongs to the psychic class, is called relative. It generally occurs in married men, who do not succeed in cohabiting with their wives while they are still potent with other women.

As potence differs in different individuals, it varies also in the same man, according to external circumstances, and according to corporal and psychical disposition. It is especially to the latter that we shall devote our attention. I have already stated that the preliminary condition of potence, the erection, stands under the influence of the central (nervous) organ, the brain, and the mind therefore, has great influence over the sexual functions. Impotence, caused by psychical alterations is the most interesting and at the same time most frequent form, and is also the most readily influenced by treatment. To this class, however, we will assign only those cases in which the psychical is really the causal element. Under this heading in the text-books there are generally to be found a large number of cases which do not belong to this class. If for example a functional weakness of the muscular and nervous mechanism necessary to erection is brought about by excessive onanism, while the mind remains within normal physiological bounds as regards sexual representations, no psychical impotence exists, but it is rather of the organic or paralytic form, to which I shall later return.

The chapter on psychic impotence is a very different and unillumined one. Entirely too much is thrown into this huge vessel. I cannot agree with the author who looks upon frequent gonorrhœal processes, prostate affections, and inflammation of the bladder and testis as causes. These processes lead to psychical impotence only by altering the mind (psyche). As long as that is not the case they do not at all diminish man's sexual ability, as thousands and thousands of cases of gonorrhœa demonstrate. That they occasionally change the psychical state and can be affected themselves by that means, is an entirely different matter.

If we investigate the etiology of psychic impotence, the cases which do not belong to it being excluded, we find the most manifold and diametrically opposite conditions. Here individuals are met who, in sexual relations, have been extraordinarily temperate or indeed completely abstinent. Then again, we meet men who have delivered themselves up to the most disorderly excesses, who have begun the coition naturalis in earliest youth, and have been quantitatively very immoderate. To these may be added the cases in which the quality of coition does not correspond to physiological laws in which unnatural, artful situations and methods must be employed by the female to bring about the necessary sexual excitement. Further, we meet with persons who have been or are subject to the vice of onanism. They make the largest addition to the questionable form of sexual incapacity. Finally we find that fear, superstition, hypochondria, and even mental distraction can render the individual unable to copulate.

As to what way these etiological elements diminish or extinguish sexual potence nothing is certainly known. We gain however, many explanatory points in the exact study of individual cases, and since the explanation is at the same time the key for treatment I think it important and appropriate, in describing this form of impotence to insert certain extensive, suitable etiological communications.

[1]For Part I., See Review of April 26.

That those who have been unusually temperate in sexual intercourse, or have never had such at all, should be affected by psychical impotence, is a great rarity; they represent rather, the greatest proportion of the form of impotence to be described in division three, the neuro-irritative form. Such cases, however, do occur and are to be ascribed to the total absence of all sexual impetus.

Sexual impetus gives rise to sexual stimulation and this gives occasion for the carrying out of the sexual act. When sexual impetus is wanting, all inducement for connection with women is wanting, and the latter, therefore, does not occur.

The lack of impetus may be congenital or acquired. The former is certainly very infrequent, yet there are persons, otherwise perfectly healthy, who have never felt sexual desire.

Hammond[20] reports that in his practice, two such cases have occurred, of which I shall here give one:

"Mr. W., æt. 33 years, a strong, well-built, and apparently healthy man, consulted me, December 11, 1860, in order, as he said to ascertain if anything could be done for him. He stated that he had never experienced the slightest desire for sexual intercourse nor any veneral excitement, though the latter he had repeatedly, by reading libidinous books and association with lewd women, endeavored to produce. So far, however, from the wished-for effect resulting, the consequence was always the opposite, his repugnance increasing, and if the attempts were persevered with, nausea and vomiting, ac companied with nervous and physical prostration, ensued. He declared that he had never practiced masturbation, but that since he had attained the age of seventeen he had in his sleep what he supposed were seminal emissions, about once in two or three months. Upon one occasion he had persisted in the attempt at intercourse, notwithstanding the absence of desire and the unpleasant mental and psychical phenomena which were produced; but though there was a vigorous erection, caused by manual solicitation on the part of the circe upon whom the attempt was made, this was at once dissipated as soon as entrance was attempted. He was then about twenty two years of age, and the experiment taught him that there might be pleasure in masturbation. As I have said, however, he was very emphatic in declaring that he had never indulged in this vice; and as his language and manner were frank in the extreme I have no reason to doubt the truth of his declaration. Frequently, as he had informed me, he had endeavored to excite desire by imagining erotic scenes of various kinds, but though erections were produced, there was no desire. On the contrary, feelings of repugnance and disgust were at once excited.

"Here apparently there was the ability to experience erections from psychical and tactile excitations, but the sexual appetite appeared to be undeveloped, and in addition there was the remarkable idiosyncrasy of disgust instead of pleasure being excited at the idea of copulation. But for this latter circumstance the patient could undoubtedly have mechanically gone through the act of intercourse and perhaps have experienced pleasure from the operation.

"There were many reasons why this gentleman should marry. There was a considerable property held in trust for any children he might have, but which withous offspring of his would go from his family, partly to people strangers to him, and partly to certain charitable institutions. And again, strange as it may seem, he liked the companionship of women and was anxious to have a home of his own, a wife with whom he might at least associate in a platonic way. In his present condition he felt that all these things were impossible, and so he had come to me, hoping that in the resources of medicine there might be something that would alter his nature so as to make sexual intercourse possible to him, even if the development of desire were out of the question.

"I saw no way of doing this, however, unless it might be possible for him to accomplish the sexual act notwithstanding the disgust, the faintness, the nausea and vomiting, and by perseverence to overcome the idiosyncrasy. He promised to make the attempt repeatedly, but he reported about a month afterward that the plan of treatment was impossible. He went into the civil war and was killed at either Antietam or Gettysburg."

As for acquired want of sexual impetus the greatest cause is mental over exertion or distraction. If the thought is lost in abstract activity libidinous desires are not felt. In such cases it is generally only a temporary impotence; as soon as the easily removable cause, the distraction, is removed the result also disappears. There are cases, however, reported in which the intellect was so intensely occupied in other directions that sexual impetus entirely disappeared and did not return even when the deep activity ceased. As is well known Sir Isaac Newton is said never to have had sexual intercourse. It may readily be believed that he, occupied with the problems demanding the deepest and most difficult thought, never felt any sexual desire and, therefore, never had had sexual intercourse.

Grimaud de Caux[21] and Saint Ange relate a case in which a renowned mathematician was always prevented from completing coitus because some problem in geometry or equations, with which he had been occupied the previous day, always recurred to his mind. The treatment was different from that commonly recommended. It consisted in his wife being advised not to allow her husband's approaches except in a state of semi intoxication. Sexual desire should gain the upperhand by the weakening of his intellect. Success was complete.

Hammond relates a case of complete loss of sexual impulse in a civil engineer whose work demanded extensive mathematical calculations. Hammond[22] writes: "There was nothing very astonishing in this, for such studies are of all things most calculated to divert the mind from sexual matters and to extinguish desire. So powerful is this influence, that M. M. Grimaud de Caux

and Martin Saint Ange advise the reading of mathematical treatises as one of the most effectual means of subduing excessive venereal excitement. Moreover, Bronssais[24] has observed that the genesic power is weakened by the mental concentration required in mathematical studies. In his lectures on phrenology, delivered before the Faculty of Medicine of Paris, he not only insisted upon this point, but he exhibited two heads of eminent deceased mathematicians who not only were never married, but who had an aversion to the female sex and who had never, as was said, had sexual intercourse.

But let us return to the case of the engineer.

"While occupied with the calculations requisite to the higher performance of the extensive work on which he was engaged, and which required about fourteen hours daily of severe mental labor, he experienced no sexual desire, and did not for over a year, though a married man, attempt intercourse. Indeed, his repugnance thereto was so great that for fear he might be tempted he had induced his wife to make a visit to Europe, and she had been absent several months and had just returned when the case was brought to my attention.

"Soon after her reappearance in his home he had, more as a matter of duty and affection, than from any venereal inclination on his part, attempted sexual intercourse, but he had miserably failed.

"There was no desire, and it was impossible to reawaken an appetite that had long been extinguished. Such a state of affairs could not long continue without the peace and harmony which had hitherto existed in his family being in great danger of disturbance. Already he was fearful that his wife would attribute his impotence to excesses with other women, and so he had determined to take medical advice in regard to his disorder.

"I found on examination that there was no trouble with the functions or structure of the genital organs. The penis was of full size, and the testicles were large, firm and free from disease. Nocturnal emissions occurred on an average about once a month, generally with, but sometimes without lascivious dreams. Erections often took place during the night, and were painful but unaccompanied with desire. Apparently they were the result of the congestion of the cord from lying on his back, and from distension of the bladder with urine. The patient was satisfied that if his desire could once be awakened there would be no difficulty in the physiological performance of the sexual act, and he was now anxious that they should be restored to their former degree of activity. For while there had never been excessive, there had up to the beginning of the period mentioned been a full degree of sexual inclination and power. Conversation, however, with him convinced me that there was no anxiety on his part for the restoration of his sexual health based upon any other feelings than a regard for the proprieties of the situation and a fear of the ultimate consequences to his health and to his domestic felicity. As to venereal appetite there did not appear to be a vestige.

"Upon mature reflection I saw no way of materially benefiting the patient except by his giving up his work for a time, and devoting himself entirely to his wife. At the same time I advised the application of statical electricity to the nape of the neck with the view of obtaining its counter-irritant action, as well as its expectant effect on the mind of the patient. So strong were the motives by which he was actuated that he at once resigned his very lucrative situation and submitted himself to the treatment advised. He purchased a little villa near the city, moved into it with his wife, and practically renewed his courtship of seven years previously. In accordance further with my advice he made no attempt at intercourse, but waited patiently for the revivification of his desires. His restoration to health was not long postponed, for within three months he began to experience propensities to which for so long a time he had been a stranger, and after that the complete recovery was well assured. Aided by the good sense of his wife, to whom I fully explained the situation, and who confident of possessing her husband's affections, acted throughout with rare kindness and discretion, there was no interruption to the course of his restoration. He will not soon forget, however, that Urania is a more exacting and exhausting mistress than Venus herself."

As the result of this case demonstrated, the impotence caused by mental distraction was only transitory, and this may be assumed for most cases. Those cases, however, are to be somewhat differently regarded in which the first cause of failure in coitus was mental distraction and in which this one failure was the cause of further impotence.

"A young gambler whose mind was severely taxed by the nature of his occupation experienced when his nightly work was over strong sexual desires, which he was unable to gratify, for in the act of intercourse some technical matter connected with his business was sure to come up in his mind with the effect of extinguishing all desires and with it all power. In this case the failure in coitus produced such an effect that at the next attempt at intercourse the fear was excited that a repetition of the disturbance would ensue, and as a consequence the apprehension was realized. After that, on every similar attempt, there was a like fear that some thought would obtrude itself, and owing to the exercise of the principle of expectant attention, the thing upon which the mind was concentrated and which was so greatly feared occurred with painful punctuality. It is an essential feature to the due performance of sexual intercourse that the man should have confidence in himself."

The already mentioned demonstration of Goltz of the inhibitory center in the brain, gives us an interesting indication of how the influence of this distrust of fear acts upon potency. Goltz maintains the existence of an inhibitory influence of the brain upon the reflex center of erection located in the lumbar cord. If we now assume that the feeling of uncertainty or of

anxiety which has arisen in consequence of a single failure in coition stimulates this center, through it inhibitory impulses would act upon the center for erection in the lumbar cord. The latter will initiate an erection but will, however, be restrained by the stimulated inhibitory center. Both centers will in a certain measure be in a struggle with each other; the inhibitory center in the brain is, however, the stronger, and overcomes the center for erection.

For the theory here promulgated I can offer no proof, it is true, but think it of value to form some opinion as to how it is possible that the feeling of anxiety prevents the occurrence of erection; and so much more so because, in my opinion, a great number of cases of physical impotence are to be referred to this cause and our therapeutic treatment is accordingly decided. As we shall see later there is, in the majority of cases, not a weakness of the genitalia and the nervous apparatus leading, after venereal excesses and onanism, to impotence, a lack of confidence in oneself, the fear that these excesses can have injured and will soon make the individual impotent. The greater the anxiety the farther is the patient removed from recovery.

The frequent occurrence of such recovery, however, confirms this opinion. As soon as it is possible to remove the patients' anxiety, which is not always easy to do, they become potent again. Therefore Hammond prescribed an ocean voyage for the gambler, and strongly urged him not to practice coition before his return, which was to occur in about four months. The treatment was successful. What was of avail in this case was evidently the recovered confidence of the patient, the imagination that the long period of rest together with good air and food must have so strengthened his genitalia that he was again potent.

The most important part, then, of this really psychical disease, is to impress upon the patients self-confidence. That is not always a light task, and demands energy and a well-studied plan from the physician. It would be folly to say to such a patient consulting us, "You are perfectly healthy, try it again, and only have confidence in yourself," folly, because it would not accomplish its purpose. The patient would believe that the physician had not recognized the disease, or had not correctly judged it. In order for the patient to lose his anxiety, it is above all things necessary for him to have confidence in his physician, that he should hope to derive benefit from his directions. I therefore consider it very important to prescribe a definite course of treatment in the greatest details and with great exactness for such patients. I send them to a spa, and have them under the supervision of a physician, carry out a fixed course of treatment there, or I treat them here with repeated general electrization, local faradization of the genitalia causing erections, artificial carbonic acid baths, increasing use of bougies, deposit of tannin or silver nitrate suppositories in the posterior urethra, which likewise cause erection, cold frictions, cold baths, and the internal administration of some indifferent medicine. It is very profitable to carry out several of these at the same time, and the less the patient is otherwise occupied the more treatment should be employed. It all depends upon the patient's gaining the impression that much is being done for him, and the hope that the methods employed will help him. A very important portion of this treatment is that the patient must be abstinent for a long time. He dare not attempt coition every week or two for a failure brings him back again into his former condition. I have them remain continent for months; the patients then gain the idea that this long rest has so strengthened their genitalia that they are again potent.

According to these principles I have cured many patients of this class, one of which cases I shall now briefly report:

"A slender, handsome, well-situated merchant, æt. 27 years, who had suffered from partial impotence for years, consulted me after many vain attempts at cure. He denied that he had excessively masturbated, but had, as he expressed it, masturbated as most of the youths in the tertia and secunda. From his eighteenth year he had indulged in normal coition but not to excess. Two years ago, however, a peculiar phenomenon occurred; when he retired with his Dulcinea in the evening no erection occurred, but in the morning he woke up with one and then completed the act of coition normally. Since this time he has been able to secure an erection sufficient for coition in the evening or during the night, when he has desire. He is already in a state of feverish excitement, becomes anxious, and ashamed in the presence of the woman because his potency is taken from him at exactly the time when he or she wishes the same. The cause of the first failure was not to be detected. The patient had never had gonorrhœa. The sexual organs are normal and well-formed.

"The treatment was as follows: The patient was treated three times a week with bougies continually increasing in size. I generally allowed them to remain ten to fifteen minutes, which would usually cause an erection. In this way the patient's confidence in his own potency was strengthened. In addition to this he was to take a bath followed by a cold douche along the spine three times a week, and was to take an hour's exercise in the fresh air daily at the close of business. I advised strict abstinence for three months during which he should not meet his Dulcinea: At the expiration of this time I expressed to my patient my firm conviction that he was cured. I advised him when he should intend to have connection, not to make any attempt at carrying it out until he had a powerful erection. A few weeks later he visited me with the good tidings that he was again in full possession of his sexual power. I saw him three years later when he consulted me on account of a gonorrhœa. His potency had not again become diminished."

Many cases of psychical impotence, which follow sexual excesses, whether in natural coition or in mas-

turbation, are to be referred to the same primary cause, fear of failure.—*Deutsche Medical Zeitung.*

[20]William A. Hammond, Sexual Impotence.
[21]Physiologie de l'Espece, p. 341.
[22]Op. Citat.
[23]Histoire de la generation de l'homme. Paris, 1847, p. 294.
[24]Cours de Phrenologie. Paris, 1836, p. 183.

Local Medication of the Drum-Membrane.—One of the greatest difficulties with which the aural surgeon has to contend is to get patients to make applications properly in cases of otorrhœa. Syringing is seldom done effectually, while the attempt to introduce powders by the process of blowing is usually a farce, for the powder either fills the mouth and nose of the amateur operator or is deposited for the most part in the recesses of the concha. Dr. A. M. Shield, of the Charing Cross Hospital, London, describes, in *The Practitioner* for November, 1889, a method of making local applications in these cases which can hardly fail of being more effectual than most of those now in vogue. It consists of the introduction of little pellets, the size of swan-shot, made of cocoa-butter, with which is incorporated whatever medicament it is desired to employ. The method of application is thus described by Dr. Shield: "At night-time, the patient lying on the opposite side, one of the pellets is quickly taken up and dropped into the meatus. The tragus being drawn backward and shaken, the little ball soon enters the canal. A plug of wool is then introduced, and the patient sleeps in the same position. The parts are thus for several hours impregnated with the agents introduced. The basis is soft, and so readily melts in the fingers that the pellets must be kept in a cool place, and rapidly dropped into the ear. Should they stick on the walls of the canal, the point of a fine dry brush can be used to push them onward, and this instrument can be intrusted to unskilled hands." The chief objection to this method would seem to be the danger of clogging up the meatus by the oily matter and dirt and epithelial debris which it will collect. This necessitates special attention to keeping the parts clean; but cleanliness is necessary in any case, and the method proposed by the author certainly secures an effectual application of the medicament employed to the perforated membrana tympani.—*Medical Record.*

Herpetic Eruptions.—Dr. C. R. Illingsworth, (Accrington) writes the *British Medical Journal*: I have found the following ointment answer well in all herpetic eruptions:

℞ Zinc ointment, - - - - ʒvj.
Glycerin of borax, - - - ʒij.
Pure carbolic acid, - - - ʒss.

Sig.—Mix and apply frequently.

In herpes labialis, due to catarrh and respiratory dis orders, I omit the carbolic acid, and thus get a bland, enamel-like ointment, of great service in any inflammatory or ulcerative skin affection, eczema, pruritus ani, acne rosacea, etc.—*Bulletin.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., Editor. W. C. MARDORF, M.D., Associate Editor.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, MAY 3, 1890.

Does Balsam of Peru Cause Nephritis?

This question has become one of considerable importance in view of the fact that this drug is now coming into use on the Continent as a remedy in phthisis. Before proceeding to find out what good, if any, will accrue from the internal use of this drug, it would be wise to ascertain whether, in ordinary doses, it is capable of inflicting much harm. In recent literature we find that Litten and Vamossy each report cases in which nephritis was set up by the use of balsam of Peru. Landerer, on the other hand, is a staunch defender of the drug and denies that it will cause any such untoward results. Drs. W. Brautigam and E. Nowack[1] have recently made a systematic investigation of the effects of balsam of Peru upon the kidneys of 22 patients with slight ailments. They made almost daily examinations of the urine with regard to color, odor, specific gravity, quantity, reaction, presence or absence of albumen, and microscopical appearances. The drug was administered by the mouth, as a 20% oily emulsion or in the form of pills (at first 1½ grains with wax, afterwards 3 grains with magnesia usta) subcutaneously (15 minims of a 20% emulsion without oil), and by the skin in the form of vigorous inunctions.

The results of these experiments in no way confirmed the statement of Nothnagel and Rossbach (Arznlimittellehre, 1887) that balsam of peru given internally in large doses causes gastro-intestinal catarrh and, in fact, inflammation of all the mucous surfaces. Even 53.8 grams (1⅔ oz.) in 11 days, and 80 grams (2⅔ oz.) in 24 days were administered without the slightest evidence of any reaction. The largest amount administered in

[1]Centr. f. klin. Med.—Med. chir. Rund.

one day was 11 grams (165 grains). There was no coloration of the urine, no gastric or intestinal disturbance. The quantity of urine passed remained within normal limits.

That the drug was really absorbed was evidenced by the strongly acid reaction of the urine, but more by the marked increase of hippuric acid.

Balsam of peru, therefore, in its action upon the kidneys and the mucous membranes, is not at all to be placed in the same class with balsam of copaiva, styrax, etc. The authors explain this by stating that pure balsam of peru contains no ethereal oils whatever (Moller, Hager), only about 50% of cinnamic either of benzyl, 8—10% of cinnamic acid, and about 30% of resins. The renal troubles observed in the cases of Litten and Vamossy were probably due to adulterations with other volatile oils.

Lighting from a Hygienic Standpoint.

Inasmuch as the battle between gas and electric lighting is still on, it will not come amiss to contrast the hygienic qualities of the three principal sources of light, daylight, gaslight and the electric light, with regard to their influence upon the acuteness of vision. A paper by Dr. von Pettenkofer[1] considers the question in a very practical manner. By gaslight the acuteness of vision is lessened by about $^1/_{10}$ as against daylight, while it is increased with the electric light, especially as regards the distinction of colors. The effectiveness of the electric light, however, is much diminished by fogs, but this can be easily offset by increasing the intensity of the light. The glare of the electric light finds many objectors, but this can be avoided by means of a glass bell, lessening the brightness of the light about 20%. The brightness of the white and violet rays of the electric light is best overcome by a yellow shade, the yellow and red of gaslight by a blue shade. In using gaslight it must be kept at a certain distance, on account of the immense amount of heat evolved, while in using the electric light it may be brought near by, the disagreeable intensity of the light being lessened as much as necessary. According to the investigations of Renk a gas jet furnishing as much light as an Edison burner will give off twenty times as much heat as the latter. The Munich Court Theater was the scene of some interesting experiments to prove this point. The theater, while empty, was lit up with gas, and in an hour the temperature in the gallery was raised from 16° to 27°R.; with electric lights of the same power the change was from 16° to 17°. When the house was filled the difference was not so great, for human beings also produce a great amount of warmth; with gas the final temperature was 22.8°R. a distressingly warm temperature, while with electricity the last temperature was 17.6°R. (72°F.) a temperature which is easily borne.

[1]Munch. Med. Woch.—Deutsch Med. Zeit.

On contrasting the amount of heat given off in the various methods of lighting with that given off by a human being, we find that gas of 17 candle power will produce almost nine times as much heat as a man; stearin candles of the same power 17 times as much heat; coal oil, seven times, an incandescent burner of the same power, however, will produce only one half as much heat as a man.

Another advantage possessed by electricity is in the condition of the atmosphere of the illuminated area. The ordinary methods of lighting consume oxygen and produce carbon dioxide in varying amounts, but always leaving the air of the room less fitted for breathing. The electric light, on the other hand, does not alter the air in the least, with the exception of the slight rise in temperature already mentioned.

These disadvantages of gaslight may be overcome, to a certain extent, by proper ventilation.

There is another disadvantage of gas, however, from a professional point of view, and that is that in operating rooms so illuminated, where large amounts of chloroform are used, the air is so changed that operations are frequently interrupted by continual coughing with a feeliug of nausea on the part of the operator and his assistants. This has been shown to be due to the decomposing effect of the gaslight upon chloroform, noxious chlorine compounds being liberated. For this reason, therefore, electricity would recommend itself in operating rooms.

Another danger of gas is the liability to poisoning and explosions from any leakage. The most violent explosions follow a mixture of gas with air in the proportion of 10 to 15%; mixtures of 25% do not explode, but burn slowly.

Air, however, which contains but 3% of anthracity gas, is very poisonous. This is due to the presence of CO., which is dangerous even in the proportion of 0.1%, whereas gas from anthracite coal contains 10%. CO. in small proportions may be endured for a long time, and thus it is that we may often feel slightly where there are slight leaks in the gas pipes, but are never poisoned. The most dangerous leaks are those in the street mains near houses, for here the heated buildings, especially in winter, act like a cupping glass upon the earth around which is saturated with gas, and thus draw the gas into the houses. Gas filtered through earth in this way loses its distinguishing odor, but the CO still remains, and the people living in these houses may breathe in the poison without a suspicion of the danger. Investigation has shown that gas may be thus drawn by suction through the earth into houses for a distance of 54 Meters (about 177 feet). So long as there is no cheap way of ridding illuminating gas of this noxious constituent, so long will the use of gas remain dangerous from this cause. The use of electricity is also full of danger, if we may judge by the numerous accidents reported; the accidents, however, are becoming less frequent, and it is probable that by precautions they can be reduced to a minimum.

In summing up, we find that the electric light, that is the arc light, is better than gas as regards acuteness of vision and the distintion of colors. Gas light, however, does not dazzle the eye so much; "winking" is common to both. The differsnce in heat production is enormous, namely as 1 to 20; the electric light leaves the air pure, as contrasted with gas, and with the latter there is also the danger of poisoning and explosions.

There is and probably always will be a contest between the two. Gas has the advantage in that it can be produced and stored up in large quantities for use, so that if there is a temporary cessation of production from any cause, its use can still go on, whereas electricity must be prepared as fast as used, and any crippling of the machinery or break in conduction will extinguish the lights. As to the cost of the two methods, gas is still the cheapest. According to Fischer, Erisman, Soyka and Rubner, a well constructed coal oil lamp is by far the cheapest light; gaslight of the same intensiiy is at least twice as expensive; an Edison light is three, rape-oil seven, stearin candles twenty-seven, and wax candles 60 to 70 times as expensive as petroleum.

A French Method of Suppressing Infanticide.

The Paris correspondent of the *British Medical Journal* describes a measure recently adopted at Paris by the Council of Public Assistance for the purpose of making the crime of infanticide less frequent. It is a very unique plan, and rather Frenchy, and will doubt less awaken most intense horror in the breasts of the rigid moralists of this country.

The plan looks toward the establishment of several stations about the city, to be called *bureaux d' abandon* which shall serve as substitutes for the *tours*, or receptacles for foundlings. At these stations there is to be always on duty one female official, but only one at a time. These women take an oath never to reveal the secrets which they learn in the course of duty. They are instructed by the City of Paris not to reveal these secrets even to their superiors, or to the representatives of the law. The child is brought to the *bureau d' abandon* by its mother, a relative, or a friend, or sometimes by the midwife; its certificate of birth must be furnished; the names of the parents are asked, but they may be, withheld and generally are. After being left at the office the child cannot ever be claimed again. If, however, the mother wishes to keep her infant, she will re ceive help every month during the suckling period, and in many cases the mother encouraged by this promise keeps the child.

The new measure is on a par with the laws in force in some countries for the regulation of prostitution, and is deserving of just as cordial support as the latter whereever infanticides are of frequent occurrence, for there is no question that it will accomplish the purpose for which it was intended. For reasons which will be apparent on a little thought, we do not thine that it will result in on increase of immorality, as might at first be supposed.

MEDICAL ITEMS.

A Sign of the Times.—"Electricity as Administered by Dr. A. DeBrown Will Cure All Curable Diseases." A wonderful age, this!

A Collation (with wine) has been arranged for the guests of the State Medical Association meeting, at the Elms, on Tuesday evening, May 6.

Leprosy in Indiana.—The newspapers report that there are two well-defined cases of leprosy near English, Ind. The patients are father and son.

Chief Surgeon of the Wabash.—Dr. W. H. Morehouse, of Danville, Ill., has been appointed Chief Surgeon of the Wabash Railroad vice Dr. J. W. Jackson, deceased.

Duration of Life in Norway.—According to a recent work on longevity, published in Norway, the average duration of life in that country is 48.33 years for mer, and 51.3 for women.

A Strange Suicide.—An insane puerpera endeavored to commit suicide by cutting off her head, beginning the incision posteriorly. She succeeded in exposing the spinal cord, and died on the sixth day from septicæmia. —*Neur. Cbl.*

The Alleged New Disease, "La Nona," which has been reported to be prevalent in Italy, is said not to be anything new at all. The cases on which the report was based were probably those of some peculiar results of the "grip."

Alcoholism and Insanity in Paris.—The number of insane in Paris admitted to the special infirmary for such cases has increased from 3,084 in 1872 to 4,449 in 1888. Alcoholic insanity is said to be twice as frequent as it was fifteen years ago.

Sodium Salicylate in Pruritus.—In three cases of idiopathic, universal pruritus in the practice of Dr. Wertheimber, (*M. Med. Woch.*) two tablespoonfuls of a 3% solution of sodium salicylate t. i. d. effected a rapid and permanent cure.

A Mad House for Royalty.—A London paper states that in the private asylum at Gratz there are now confined Prince Pedro of Saxe-Coburg, Prince Charles of Lichtenstein, and the Duchess of Augustenberg. The Duchess of Alencon was at one time an inmate.

Small Pox and Vaccination.—A neat little demonstration of the protective influence of vaccination has recently been given by the "logic of events" in Germany. The town of Gladbach, in the Rhine province of Prussia, was visited by an epidemic of small-pox. Of a

population of 47,800, 94 persons were attacked, of whom 48 were vaccinated, and 38 revaccinated, and 8 not vaccinated. The number of deaths in these three categories was 9 in the first, 1 in the second, and 4 in the third. These figures show a death-rate of 50% among unprotected, 18.75% among partly protected, and 2.63 % among better protected persons.

Dr. G. Frank Lydston, of Chicago, has been invited to deliver the opening public address at the Kentucky State Medical Association, which meets at Henderson, May 14. The subject will be "Materialism versus Sentiment in the Study of Crime."

Catholics and Cremation.—The Archbishop of Paris has informed the *cures* of his diocese that the Pope has forbidden Catholics to cremate their dead, or to belong to cremation societies. Catholic priests are therefore directed to refuse the usual rites when bodies are burnt.

Female Students at Basel.—As is well known, women have been refused admission to the University of Basel until a very recent period. This rule has been modified, allowing the admission of Swiss women, and of those who have received their preliminary education in Switzerland.

A Legal Definition of Total Helplessnrss.—A bill has been introduced into the United States Senate defining "total helplessness" as applying to all persons who lost a leg or an arm at or so near the joint that an artificial limb cannot be used, and granting all such persons a pension of $72 per month.

The New Anæsthetic, bromide of ethyl, is not such a harmless drug as it was at first announced to be, two fatal cases being recently reported. It seems better adapted to the needs of dentistry than general surgery. One of the cases reported was that of a dentist's assistant, who died after reaching home, some time after he had apparently recovered from the narcosis.

Crystallyzed Anisate of Sodium, which is easily soluble in water, is recommended as a substitute for sodium salicylate in articular rheumatism; it is more agreeable to take, and rapidly reduces the temperature without weakening the heart or lessening the blood pressure. The stomach is not affected by it. For this reason anisate of soda would seem to be adapted to other diseases as well, as an antipyretic.

The American Journal of Mineral Waters.—We learn that Dr. R. M. Jordan, of this city, will begin on June 15 the publication of a journal, at first bi-monthly for a year, afterward monthly, devoted to the interests of mineral waters, watering places, pleasure resorts, sanitaria, and all other germane subjects.

There is ample room for such a publication in American medical journalism, and knowing as we do the eminent ability of Dr. Jordan to execute the work he has undertaken, we shall welcome with hearty earnestness the appearance of the first number.

Menstruation in the Male.—Paul Albrecht (*L' Anomale*, 1890, II, *Deutsch. Med. Zeit.*) draws attention to the fact that white blood corpuscles appear in the urine of men at regular intervals, are present three or four days, and then disappear. This he interprets as a kind of menstruation. The idea is not a very strange one, for it is a known fact that men with excessive hypospadias menstruate. He offers this as another proof of the independence of menstruation and ovulation. It is to be hoped that further investigation will afford a clearer exposition of the subject.

A Physician Sues A Temperance Advocate.—Dr. F. A. Barnett, of Lebanon Junction, Ky., has sued the editor of a temperance journal for libel on account of an article charging him with trafficking in liquor under the guise of prescribing it for his patients. The doctor denies these statements, and charges that they were maliciously made. He denounces the statement as false and libellous, and asks to be awarded a judgement for ten thousand dollars for the damage which he has sustained in his church and profession by reason of the publication.—*San. Reports.*

Prescription for Chilblains.—According to the *Monatshefte f. praktische Dermatologie*, of March 15, 1890, Dr. Baelz uses the following as an application to chilblains and chapped hands:

℞ Liquor potassa, - - - part, ½.
Glycerin, } of each, - - parts, 20.
Alcohol }
Water, - - - - - - " 60.—M.

To be used once daily after washing the hands in warm water. If desired, the mixture may be made more agreeable by the addition of a perfume.—*Med. News.*

Medicine not an Intellectual Profession.—The New York *Herald* publishes on Sundays articles from the pens of various medical men of different degrees of celebrity. Its last contribution, which was on the subject of heads and skulls, concluded with the statement that medicine was, as an intellectual calling, far inferior to the law, and that a body of lawyers presented a much more intelligent and intellectual appearance than a body of physicians. Will not some of our readers come to the defence of his calling? We recall Mr. Philip Gilbert Hamilton's interesting dissertation on the doctor in his "Intellectual Life." Mr. Hamilton was kind enough to place the physician quite high in the ranks of intellectual workers.—*Med. Rec.*

A Rare Monster was recently shown to the medical faculty of Bordeaux. A woman, æt. 21 years, had at-

tached on her abdomen a being, weighing from 8 to 10 kilogrammes, which had not developed any since birth. The rudimentary right leg of the parasite lies parallel with the body of the woman. The left leg extends forward, and then bends to the right, so that the foot reaches the waist. The movements of this undeveloped twin sister are not voluntary, but passive. Its sensibility decreases from the thigh downward, the prick of a pin on the thigh of the parasite being distinctly felt by the woman, but on the foot it is not felt. The temperature of the parasite is lower than that of the woman; the latter is in perfect health, except for the presence of the parasite. She was married at 15, and has two well-formed daughters; she is so accustomed to the deformity that she can take long walks. If she is dressed one cannot notice the parasite unless it be a slight prominence caused by the left leg.—*Deutsch. Med. Zeit.*

An Extraordinary and Tragical Case.—The following extraordinary and tragical case has recently been reported in the *Northwestern Med. Jour.* It shows how much it is necessary that physicians should be intelligent and well trained men; and it is a most convincing argument that the state needs to guard itself against poor doctors as it would against a pestilence. A physician of forty years' practice attended a healthy young woman in her second confinement. After a comparatively easy labor she was delivered of a well-formed female child. In half an hour, as the placenta did not come away, the doctor proceeded to remove. Gentle manipulation proving not sufficient he made use of such efforts that chloroform was necessary to deaden her extreme pain. Notwithstanding the fact that the patient suffered horribly, and was growing progressively and alarmingly weaker, this man, for two hours, employed ever increasing exertions to detach what he said was an adherent placenta. Finally he was prevailed on to send for assistance. The consulting physician made an examination, exclaimed "inversion," and after a hasty conversation between the two, the consultant asked for a knife to cut something off. What he removed he instantly made away with, and the patient a few minutes afterward died. Suspicions were aroused, however, and an investigation revealed the fact that the attending physician had actually enucleated with his hand the uterus, mistaking it for the placenta! The consultant, upon making his examination, felt coils of intestine, and recognizing at once the awful condition of affairs, cut off the womb and took it way, hoping by this course to shield his friend.—*Med. Rec.*

BOOKS AND PAMPHLETS RECEIVED.

Wood's Medical and Surgical Monographs, Vol. VI, No. I., April, 1890, containing:

I. The Human Foot: Its Form and Structure, Functions and Clothing. By Thomas S. Ellis, M.R.C.S.

II. Modern Cremation: Its History and Practice. By Sir H. Thompson, F.R.C.S.

III. Aphasia: A Contribution to the Subject of the Dissolution of Speech from Cerebral Disease. By Jas. Ross, M.D., LL.D.

A New Medical Dictionary. Including all the Words and Phrases used in Medicine, with Their Proper Pronunciation, Based on Recent Medical Literature. By George M. Gould, B.A., M.D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. With Tables of the Bacilli, Micrococci, Leucomaines, Ptomaines, etc., of the Arteries, Muscles, Nerves, Ganglia and Plexuses; Mineral Springs of U. S., Vital Statistics, etc. Small octavo, 520 pages. Half dark leather, $3.25; Half Morocco, Thumb Index, $4.25. Philadelphia: P. Blakiston, Son & Co.

An Experimental Study of Intestinal Anastomosis. By John D. S. Davis, M.D., Birmingham, Fla. Read before the Southern Surg. and Gyn. Ass'n. Reprinted from Times and Reg., January 25, 1890.

A Chart Giving the Various Poisons and their Antidotes, Including Drugs, Minerals, Gases, the Bites of Rabid Animals, Snakes, etc. Presented by the National Druggist, of St. Louis, 618 N. Second Street.

This chart will make a serviceable addition to the office wall, along with the nerve and vascular charts that are so much in vogue.

The following numbers of the Humboldt Library:

I. The Electric Light and the Storing of Electric Energy. Illustrated. By Gerald Molloy, D.D., D. Sc. Price 15 cents.

II. Modern Science and Modern Thought. With a Supplemental Chapter on Gladstone's "Dawn of Creation," and "Poem of Genesis," and on Drummond's "Natural Law in the Spiritual World." By S. Laing. Double number, in parts I and II. Price 30 cents.

III. The Modern Theory of Heat, and the Sun as a Storehouse of Energy. Illustrated. By Gerald Molloy, D.D., D. Sc. Price 15 cents.

IV. Utilitarianism. By John Stewart Mill, author of "A System of Logic," etc. Price 15 cents.

V. Upon the Origin of the Alpine and Italian Lakes, and Upon Glacial Erosion. By Sir A. C. Ramsey, F. R S.; Sir John Bull, M.R.S.A.; F.L.S.; Sir Roderick I. Murchison, F.R.S., D.C.L.; Prof. B. Studer, of Berne, Prof. A. Favre, of Geneva; Edward Whymper, Prof. J. W. Spencer, Ph. D., F.G.S. With an introduction and notes upon the American Lakes, by J. W. Spencer. In two parts, double number, price 45 cents. 1890. New York: The Humboldt Publishing Co., 28 Lafayette Place.

Tobacco Amblyopia. By Leartus Connor, A.M., M. D., Ophthalmic and Aural Surgeon at Harper Hospital and Children's Hospital, Detroit, Mich. Reprinted from Jour. Am. Med. Ass'n, February 15, 1890.

Excessive Venery, Masturbation and Continence. The Etiology, Pathology and Treatment of Diseases

Resulting from Venereal Excesses, Masturbation and Continence. By Joseph W. Howe, M.D., Late Professor of Clinical Surgery in Bellevue Hospital Medical College, etc. New York: E. B. Treat & Co., 5 Cooper Union. 1889. Price $2.75.

Aneurism of the Aorta Simulating Cardiac Valvular Disease. By George Dock, M.D., Professor of Pathology, etc., in Texas Medical School and Hospital. Reprint from Med. and Surg. Reporter.

The Examination of Sputum in the Diagnosis of Tuberculosis. By the same. Reprint from Texas Courier Record of Medicine.

An Analysis of Mr. B. Pearsall Smith's Scheme for International Copyright. Reprinted from New York Evening Post.

Ueber die Technik der Scholerschen Behandlung der Netzhautablosung. Von Dr. Eissen, Assistant der Ophthalmologischen Klinik in Bern. Separatabdruck aus der Illustrirten Monatschrift der Aerztlichen Polytechnik, 1890. No 3.

Special Hospital for the Treatment of Tuberculosis. By Lawrence F. Flick, M D. Read before the College of Physicians of Philadelphia, February 5, 1890. Reprinted from Times and Reg.

Present Status and Tendency of Gynæcological Therapeutics. By Andrew F. Currier, M.D., of New York. Reprint from New Eng. Med. Monthly.

The Importance of Œdema of the Vaginal Portion of the Cervix Uteri as a Symptom of Chronic Disease. By the same. Reprint from Vol. XIV Gynæcological Transactions, 1889.

The Four Commencements. Valedictory Address to the Graduates Delivered at the close of the Fifty-third Session of the Medical Department of the University of Louisville, February 28, 1890. By J. M. Bodine, M. D., Professor of Anatomy and Dean of the Faculty.

SOCIETY NEWS.

MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirty-third annual meeting, Excelsior Springs, May 6, 7 and 8, 1890, Dr. L. I. Mathews, of Carthage, President, Dr. J. C. Mulhall, of St. Louis, Dr. Joseph Sharp, of Kansas City, Recording Secretaries, Dr. C. A. Thompson, of Jefferson City, Treasurer.

PROGRAMME.

MORNING SESSION, MAY 6.—10 A.M.

Organization and preliminary work until 11 A.M.

Dr. C. Barck, of St. Louis.—Contribution to the Affections of the Petromastoid. A report of 19 Operative Cases.

Dr. Robert Barclay, of St. Louis.—Abscess of the Middle Ear.

Discussion on Drainage After Laparotomy, to be opened by Dr. J. W. Trader, of Sedalia, and followed by Dr. Willis King, of Kansas City; Dr. F. J. Lutz, of St. Louis; Dr. C. W. Adams, of Kansas City.

Dr. C. H. Hughes, of St. Louis.—The Nervous System in Disease.

AFTERNOON SESSION, MAY 6.

Dr. J. M. Allen, of Liberty.—Reflex Irritation of the Gastro-Intestinal Canal.

Dr. C. A. Todd, of St. Louis.—Case of Aneurism—First Diagnosed in Fundus of Ear—Later Appearing in Back.

Dr. I. W. Heddens, of St. Joseph.—Radical Cure of Hernia, with Demonstration of the Operation.

Dr. George Halley, of Kansas City.—Some Observations of the Causes of Delayed and Non-Union in Fractures, With Indications for Treatment.

Dr. Flavel B. Tiffany, of Kansas City.—Quinine Amaurosis.

Dr. Barton Pitts, of St. Joseph.—Cataract Extraction.

Dr. E. H. Miller, of Liberty.—Epidemic Jaundice, With a History of Cases.

Dr. Hal Foster, of Kansas City.—Laryngeal Cramp of Musicians and Speakers.

Dr. Frank R. Fry, of St. Louis.—Multiple Neuritis.

EVENING SESSION, MAY 6.

THE PRESIDENT'S ADDRESS.

Dr. Pinckney French, of Mexico.—Cerebral Surgery, Neurology as Its Guide.

Dr. L. Bremer, of St. Louis.—The Present State of Cerebral Localization as Bearing on Surgical Interference.

MORNING SESSION, MAY 7.

Dr. T. M. Potter, of St. Joseph.—The Advantages and Disadvantages of Cocaine as a General and as a Local Therapeutic Agent.

Dr. P. C. Tates, of Neosho.—Legal Points in Medical Education.

Dr. Bransford Lewis, of St. Louis.—The Operative Treatment of the Hypertrophied Prostate Gland.

Dr. Lester Hall, of Marshall.—Report on the Progress of Medicine.

Dr. F. C. Hoyt, of St. Joseph.—The New Hypnotics.

Dr. L. Bremer, of St. Louis.—Report on Progress of Neurology.

Dr. J. T. Marsh, of Liberty.—Drunkenness and Its Treatment.

Dr. H. C. Dalton, of St. Louis.—Three Laparotomies on One Patient. Recovery.

Dr. I. N. Love, of St. Louis.—Coffee.

Dr. A. J. Steele, of St. Louis.—Ankle Sprains.

AFTERNOON SESSION, May 7.

Report of Special Committee, Dr. E. A. Donelan, of St. Joseph, Chairman, on the State Board of Health.

Dr. Geo. Homan, of St. Louis.—The Application of Self-Help and Self-Regulation to the Medical Profession of the State.

Dr. Paul Paquin, of Columbia.—The Biology of Micro-Organisms from a Medical Standpoint.

Discussion on Pulmonary Tuberculosis—With Special Reference to the Tubercle Bacillus as a Factor, to be Opened by Dr. E. Schauffler, of Kansas City, and to be followed by Dr. Wm. Porter, of St. Louis; Dr. L. Bremer, of St. Louis.

Dr. I. M. Richmond, of St. Joseph.—The Sphincter Ani—Its Bearing Upon the Surgery of the Rectum and Disturbed Functions of the Pelvic Organs.

EVENING SESSION, MAY 7.

Discussion on Electricity as an Agent in the Cure of Uterine Disease, to be opened by Dr. H. C. Crowell, of Kansas City, and followed by Dr. G. T. Engelman, of St. Louis; Dr. F. A. Glasgow, of St. Louis; Dr. Avis Smith, of Kansas City.

Discussion on the Best methods of Securing Asepsis in Surgical Operations and of Producing Asepsis in Traumata, to be opened by Dr. N. B. Carson, of St. Louis, and followed by Dr. J. D. Griffith, of Kansas City; Dr. J. Geiger, of St. Joseph; Dr. H. C. Dalton, of St. Louis.

Dr. F. A. Glasgow, of St. Louis.—Uterine Cancer.

MORNING SESSION, MAY 8.

Dr. A. W. McAlester, of Columbia.—Glanders in Man and Beast.

Dr. W. A. Camp, of Springfield.—Report on the Progress of Ophthalmology.

Dr. Ohman-Dumesnil, of St. Louis.—An Unusual Case of Atrophy of the Skin.

Dr. F. J. Lutz, of St. Louis.—What Means Have We to Prevent Ventral Hernia After Laparotomy.

Dr. H. W. Loeb, of St. Joseph.—The Supplemental (not Sympathetic) Nervous System.

Dr. J. P. Parker, of Kansas City.—The Cure of Crooked and Deformed Noses; With Cases.

Dr. George R. Highsmith, of Carrollton.—Sexual Sins.

Dr. E. S. Garner, of St. Joseph.—Trephining for Convulsions Resulting from an Old, Depressed Fracture of the Skull. A Successful Case.

THE AMERICAN MEDICAL EDITORS' ASSOCIATION.

The annual meeting of the American Medical Editors' Association will be held in the Dental Department of Vanderbilt University, Nashville, Tenn., Monday evening, May 17, 1890.

Papers on subjects connected with medical journalism will be read by Drs. F. L. Sim, member of the State Board of Health of Tennessee, and editor of the Memphis *Med. Monthly*, T. D. Crothers, of Hartford, Conn., editor of the *Jour. of Inebriety*, Dr. C. H. Hughes, editor of the *Alienist and Neurologist*, St. Louis, Mo., Dudley S. Reynolds, Louisville, Ky.

These papers will be discussed by Drs. Wm. C. Wile, editor of the *New Eng. Med. Monthly*, Danbury, Conn., Dr. John V. Shoemaker, *Med. Bull.*, Phila., Pa., W. F. Waugh, editor of the *Times and Reg.*, Phila., Pa., Leartus Conner, *Amer. Lancet*, Detroit, Mich., Jos. M. Matthews, Louisville, Ky., Arch. Dixon, Henderson, Ky., C. E. Briggs, Nashville, Tenn., D. J. Roberts, Nashville, Tenn., and Prof. W. H. Pancoast, of Phila., Pa., and J. H. Hollister, editor of the *Amer. Med. Ass'n Jour.*, Chicago, Ills.

After the meeting the annual dinner will be held at one of the leading hotels. A more than usually interesting meeting is anticipated. It is hoped that every medical editor in the United States will be present.

(Signed) I. N. LOVE, M.D , Pres., St. Louis, Mo.
J. L. Gray, M.D., Sec'y, Chicago, Ill.

SELECTIONS.

HOW SOON AFTER DELIVERY DOES THE RESPONSIBILITY OF THE ACCOUCHEUR CEASE?

Discussion in Academy of Medicine, New York.

Dr. Currier.—Each individual case was a rule unto itself. The non-examination of parturients was excusable in many cases, since the average practitioner may not recognize some of the diseases. The cervix should only be sewed when a large vessel was torn through. With him the results of operations were not always satisfactory, caused probably by the unfavorable condition of the parts, the latter being bruised and stretched and continuously bathed with the lochia. A positive cure may be expected from the use of pessaries, in cases of retro-displacements due to lax support and heavy organs.

Dr. Reed.—His method of preventing after results was by thorough antisepsis during delivery, stitching the perineum whenever it was torn, and holding the uterus firmly with the hand for a long time, one to two hours, after delivery. This secured strong contraction of the uterus, and in his opinion diminished the amount of the lochia during the puerperium. He never interfered with the vagina for forteen days, during which time he did not allow the patient to sit up in bed. The blood collection behind the cervix uteri became coagulated, and this acted as a natural pessary to support the uterus. By the aid of the fingers and the eye, he was able to discover the condition and position of the uterus, and this was his guide as to the time when all his obligations to the patient were settled.

Dr. Edebohls does not consider the condition quite so unfavorable after lacerations as Dr. Currier did. As he considers that a perineal tear always means a laceration of the vagina as well, he begins his suturing at the upper part of the rent in the vagina; his results have been uniformly good.

Dr. Waldo thinks many mild cases of septicæmia are not made out, and by being improperly treated it is often the cause of pyo-salpinx, and is more frequently

so than gonorrhœa. The cervix should be left alone, except in cases of ruptured vessels; the perineum should be operated on even when injury is slight.

Dr. J. L. Perry believed in thorough cleanliness, and in securing permanent firm contractions of the uturus by holding it for one or two hours. He had not had a death in eighteen years, and believed in the abdominal compress.

Dr. Jacobus thought the responsibility caused when the bill was paid,because the patient claimed the right to find fault and to attach all her complaints to the physician's inattention until this obligation had been met. He believes in the use of astringent douches after the tenth day.

Dr Goelet found that many patients promised to come to your office for examination, but only about one or two in ten ever came. Sewed up all lacerations of perineum at once, commencing in vagina first.

The complaint made by patients who go to gynæcologists, that their ills are due to neglect of the ac coucheur, I regret to say, is too often true. There is no excuse for practitioners not examining their patients on the ground that they are not gynæcologists; the man who cannot recognize a puerperal lesion has no business to practice obstetrics.

When we recall how prominent a place parturition and the puerperal state occupy among the list of etiological factors in many, one might say in most of pelvic troubles, we cannot help asking: Is it necessary that a "physiological process" should be followed by such serious results? Will not proper care of a woman, even after a difficult labor, avert many of the after effects which render her an invalid? I firmly believe that even the most extensive puerperal lesions, by careful attention, may be so far cured as not to require the gyæecologist's care afterwards post partum; hence, the necessity for examining for lacerations of the cervix. Antisepsis is absolutely essential during delivery, and one's vigilance should not be relaxed during the puerperium.

If these details are carried out, a convalescence without any temperature may be expected after even the severest obstetric operations, and non-union of sutured surfaces will be the exception. In ordinary practice, such results do not obtain, chiefly because the physician does not give the care and attention to antisepsis in the operations and the minutiæ of the puerperium which they demand. If the cervix is lacerated, I give myself (or direct the nurse to give) a hot vaginal douche of carbolic or bichloride twice daily, introducing an iodoform suppository into the cervix once in the twenty-four hours, continuing this for at least a week. I am satisfied that, by adopting this plan of antisepsis, we not only prevent septic trouble during the puerperium, but, in many cases, secure healing of the wound without the attending parametritis, which is really the most serious and permanent result of laceration of the cervix, as well as normal involution.

If the uterus remains large, and there is a tendency to retroversion, a suitable pessary is introduced, to be worn two or three months, if necessary. On the appearance of any bad symptom, such as back-ache, pains in the groins, metrorrhagia, or profuse leucorrhœa, the patient should at once see the doctor. Mild forms of septic infection, leading to localized indurations at the bases of the broad ligaments, are quite common, and frequently overlooked, being referred to lactation, malaria, constipation, etc.

Tubal Trouble—At first a catarrhal salpingitis, and, later developing into a pyosalpinx, is a frequent result of neglected abortions, and also of ordinary deliveries. Retroversion, with more or less marked prolapsus, is a not infrequent sequel of normal labors. Persistent metrorrhagia, continuing for weeks after delivery, is a symptom which indicates the necessity for an examination and local treatment.

The responsibitity of the accoucheur is not measured by days or weeks. It ceases only when the puerperal lesions have been repaired, their evil consequences averted, and when he is assured that either the patient will not need the services of the gynæcologist at all, or he will be prepared to refer her to him after explaining to her clearly the nature of her trouble and its relations to parturition. Only in this way can he hope to escape the implacable resentment which women feel for the attendant to whose neglect after confinement they attribute all their subsequent ills.—*Times and Reg.*

INFANTILE CONVULSIONS.

W. A. DICKEY, M. D.,

In *The Medical Compend*, J. Lewis Smith, in discussing the treatment of convulsions,starts out by saying: "Fortunately, inasmuch as the physician is often required to treat eclampsia in ignorance of the cause, the same measures are demanded to a considerable extent in all cases. As early as possible in the attack the feet should be placed in hot water, to which mustard is added, or if it can be procured with little delay a general warm bath may be used in place." I must enter my unqualified disapproval of such a routine method of treatment. In many, *very* many of these cases the hot bath, plain or medicated, is a positive injury and should not be used at all. In place of benefiting the patient we make it worse. The first duty of a physician when called to a patient suffering from eclampsia infantilis is to use the thermometer,and while this is being done he can make a survey of the case before him. He should ascertain if the child has had scarlet fever; if not, is it in the vicinity;if it has had,how long since;has it had whooping-cough, pneumonia, measles, a serious fright; what has it been eating for the past twelve or twenty-four hours; are there any indications of meningitis, malarial affection, etc. At a glance he can tell whether it is pale, thin and illy nourished, and whether it is liable to be rickety. It is only after this careful survey that the

practitioner can act intelligently. When the thermometer is examined, if it record a temperature of 104° or 105° the hot bath should never be used, as it only adds fuel to the flames, but on the conteary the cool bath is indicated with cold to the head.

My attention was first directed to this some years ago, when called to see a little boy some six years of age who had had a spasm, and when I reached the bedside was just having a second. Glancing at the little fellow I saw he had a high fever, and on using the thermometer found his temperature to be 104½° I said to myself, will not a general hot bath do this child an injury? On questioning the mother I found the child had been eating some indigestible food, and had shown some signs of suffering from malaria. I requested the mother to bring me some tepid and cold water. The cold water I directed her to apply to the child's head while I proceeded to sponge the body and limbs with the tepid water, which I gradually reduced in temperature until it was decidedly cool. I had the satisfaction of seeing the child's temperature reduced to 101° in a short time, and he had no more convulsions. I gave him a cathartic to carry off any offending material that might be in the child's bowels, and left him some aconite and gelseminum to hold what I had gained, and some one grain quinine pills to take on the following morning. At this time I found the patient quite bright, free from fever, with no indications of a return of the spasms. I have used this since then with the most gratifying results.

During the actual attack chloroform may be administered, but it should not be intrusted to the hands of an untrained and unskillful nurse. If we suspect the ingestion of indigestible food, an emetic or a cathartic, or both possibly, will be proper treatment. If the patient be illy nourished and the hygienic surroundings bad, this condition of affairs must be remedied. The former by iron, quinine, cod-liver oil, and the latter by pure air, absolute cleanliness, proper clothing and plenty of outdoor exercise, together with good food. Other remedies will suggest themselves from time to time and will be applicable in the concrete case, such as bromide of potash, either alone or combined with chloral hydrate. When these cannot be swallowed they should be thrown into the rectum in suitable doses.

AN APPARATUS WHICH WILL ENABLE DEAF PERSONS TO HEAR PUBLIC SPEAKERS.

BY FRANCIS H. BROWN, M.D., BOSTON.

I was asked to devise an apparatus which would enable a lady, who is extremely deaf, to hear the sermon and other services at her church.

The lady in question is a patient of Dr. C. J. Blake, and, through his kindness, I learn that she has a thickened membrane and ankylosis of the bones of the middle ear. Her experience is that of many deaf persons; while she has, until lately, heard conversation addressed to her by a single person sitting in front of her fairly well, she has, for a long time, been unable to appreciate general conversation in company, or to hear the voice of a speaker in a public assembly.

The apparutus devised is so simple and has given so much comfort to her, and to other persons similarly deaf, that I give its description with the hope of aiding others.

It consists of a trumpet-shaped tin sound-receiver having an opening superiorly of six inches, and narrowing inferiorly to a diameter of one inch. Its upper end is curved, so that the opening of the trumpet is directed toward the mouth of the speaker. The sound-receiver stands on the desk or pulpit and is partially concealed by a gas-fixture. At the lower end it fits into the opening of a common tin speaking tube, which passes down, through and under the floor to the seat of the lady in the audience, at that point the tube ends in a piece of brass pipe, rising some four inches above the seat, over which the person using it places the bell-shaped end of the flexible conversation tube now very commonly employed by the deaf.

Following my description to her of the proposed apparatus, the patient mentioned the mater to Dr. Blake, and he drew for her a device, almost indentical in general design, which he had contrived some years ago for a suburban church. The priority of invention, therefore, belongs to Dr. Blake.

In his apparatus the tube ends with a piece of gas pipe and gas tips, over each of which a flexible rubber tube may be slipped or an ear-piece adjusted, toward which the ear of the listener may be turned.

The clergyman of the parish in which that apparatus is now used has written me that six persons are accomodated by the device, all of whom express the greatest satisfaction. One person who has not heard a sermon for twenty years now throughly enjoys the service. The lady for whom the present instrument was made has now used it for several weeks; her experience is that, whereas before she never heard anything of the service, she now seldom loses a word. The entire expense was not far from ten dollars.--*Bost. Med. Jour.*

LEPROSY.

Transmission of Leprosy from China to Foreign Countries by Prostitutes. The following report, dated Canton, China, February 8, 1890, addressed to the Assistant Secretary of State, has been forwarded to this Bureau:

Sir: I have the honor to inclose copy of a translation of an editorial published December 3, 1889, in the *Wei Sun*, the leading native news paper in Hong-Kong, having considerable circulation in Canton, in regard to leprous prostitutes from China to foreign countries, some of whom were compelled to return to Hong-Kong and Canton from California and Australia.

The comments of American and British newspapers

elicited the editorial statement of the *Wei Sun*, which makes no denial as to the leprous prostitutes having gone to foreign countries.

A copy of the *Wei Sun* accompanies the translation.

It should not be inferred from the *Wei Sun's* statement that China provides asylums for all its lepers, as they are visible on the streets of the cities and villages in all directions, and in numerous small boats. Besides there are many leper villages. But the fact that leprous women have been sent to America, Australia, and other foreign countries as prostitutes can not be disputed, and this reference to the fact as a "rumor" may be regarded as a gentle recognition of the custom. I saw one group of about twenty passengers, of that class apparently, on the Pacific Mail Steamship *City of New York*, which left Hong-Kong on or about October 11, 1887, and was assured there were many similar shipments.

I am, sir your obedient servant,

CHARLES SEYMOUR.
United States Consul.

[INCLOSURE]

The following is a copy of the translation of an editorial in the leading Chinese newspaper, *Wei Sun*, published in Hong Kong, December 3, 1889, with reference to the return from California and Australia of leprous prostitutes to Hong-Kong and Canton which elicited comments from American, Australian, and Hong-Kong newspapers;

"*Leprous Women as Prostitutes.*—There are Government asylums for lepers. Men and women having contracted the disease of leprosy are compelled to enter the asylum as inmates, for fear of infecting those of sound health.

"It is recently heard that sometimes most of the females in the leprous asylum, being slightly infected with leprosy, are married to the lower or water population; but those being more heavily infected would secretly frequent the private houses of ill-fame, where they receive and bid adieu to incomers and outgoers, and those who desire pleasure from them can hardly escape without contracting that loathsome disease.

"Recently there is another rumor circulated that the last-mentioned kind of leprous women are sold into foreign countries, in great numbers, to be the denizens of disreputable houses, and the injury that is to be wrought by them is immeasurable and without limit."—*San. Report.*

SOME INCOMPATIBILITIES OF ANTIPYRIN

If liquid extract of cinchona be added to a sulution of antipyrin in distilled water, a dense reddish brown precipitate is formed, which contains tannic acid and antipyrin. The greater part of this precipitate dissolves on the addition of dilute sulphuric acid, the insoluble portion being probably the coloring matter of the bark, for if a solution of tannic acid be used instead of the liquid extract of cinchona as a precipitating agent, a precipitate forms, which entirely and easily dissolves on the addition of the dilute sulphuric acid. It follows, therefore, that decoctions, infusions, and tinctures containing tannic acid should act inthe same manner. The effect, however, produced by these preparations is very small compared with the liquid extract of cinchona. Antipyrin is not precipitated by solutions of the alkaloids, quinine, cinchonine, or cinchonidine. Therefore, it can be prescribed in a mixture containing sulphate of quinine and dilute sulphuric acid. When strong solutions of chloral hydrate and antipyrin are mixed, a white precipitate is formed, which soon becomes resolved into globules of oily looking liquid, which sink to the bottom in a distinct layer. This layer in the course of some hours changes into a crystalline mass, from which the clear upper liquid can be drained off. These crystals are soluble in water, but considerably less so than either antipyrin or chloral hydrate. They have a distinct taste of chloral without its pungency, and they are not so bitter as antipyrin. This precipitation does not occur in dilute solutions, and it is possible to mix a solution containing sixty grains of antipyrin to the fluid ounce with one containing the same proportion of chloral hydrate without any precipitate being immediately formed, although in a few hours small crystals begin to appear. A solution containing fifteen grains each of antipyrin and chloral hydrate to the fluid ounce appears to be a permanent one, for at the end of a week there is no appearance of crystalline matter. Clinical experience alone can determine whether mixtures of these two bodies possess any therapeutic properties different from those of the consituents. In prescribing them together, it is to be borne in mind that the solutions must be dilute.—*British Medical Journal.*

SOME POINTS ON THE REDUCTION OF HERNIA.

BY J. S. WIGHT, M. D,

Professor of Operative and Clinical Surgery at the Long Island College Hospital.

In a paper read before the Medical Society of the County of Kings, the author gave the following description of a method of taxis which has been effective in his practice for many years:

Grasp the hernial tumor with the right hand, and then make gentle traction; the hand compresses the hernia and its contents, and liberates the neck of the sac in the constricting canal. And then two effects may follow: Some of the contents of the sac are expressed into the abdominal cavity. This may be the contents of the intestine—the special fluid of the sac, or the intestine itself, especially if it is not adherent to the sac; or the sac and its contents may begin to be reduced. The surgeon cannot make this gentle traction without compression, and the compression tends to expel the

contents of the sac, as well as the sac, when it has not formed adhesions to the tissues around it. And what is more, the gentle traction tends to straighten out that part of the hernia just external to the canal that contains the neck, and the effect of this is to remove the folds which overlap and prevent successful reduction. And then another expedient may be put in operation. The thumb and fingers of the left hand may grasp the parts of the hernial tumor just external to its exit from the abnormal opening, and this for two purposes: one, to prevent the hernial sac from folding over and, as it were, away from the hernial canal; the other, to guide the hernia more directly to the external opening of the canal. And when these purposes are accomplished, such traction as we have made may cease, and then more or less firm pressure with the right hand may be made in such a direction as to cause the hernia and its contents to move toward the opening whence it came. The hold of the constricting tissues has to be loosened by gentle traction; some of the hernia may have been reduced; the folds of the sac have been removed; the thumb and fingers of the left hand guide the hernia toward its exit; the reasonably firm pressure induces more and more of the hernia to return to the abdominal cavity; and finally the reduction is complete, and the patient is relieved of pain and distress.

Generally such a result can be obtained without an anæsthetic. In a few cases the author has employed an anæsthetic, mostly in sensitive patients. In the first place he makes a reasonable effort to reduce a hernia, and then, on failure, gives an anæsthetic; and if he does not succeed then he operates. The great majority of cases of hernia which he has been called to see have been reduced without an anæsthetic, and by the method above described. Of course a real irreducible hernia requires an operation, and the sooner the better.—*Brooklyn Medical Journal*, January, 1890.

FOOD TREATMENT FOR INSOMNIA

Dr Eggleston, in an article in the *Journal of the Am. Med. Association*, says that most students and women who are troubled with insomnia are dyspeptic, and he has found it easy to successfully treat such cases without medicine. They are instructed to eat before going to bed, having put aside work entirely at least an hour before. If they are not hungry, says the author, they should eat whatever they want. A glass of milk and a biscuit is sometimes all that can be taken at first, or a mashed potato buttered. In a short time the night appetite will grow, and the appetite will need no particular directions. If possible the night meal should be taken in another room than the sleeping apartment, and for men in the city it will be found advantageous to go out to a restaurant. The idea of going out for something to eat and having to wait a short time for it will exite the appetite. Before eating, however, a bath should be taken; I prefer cold or cool baths, which should be given with a sponge or stiff brush, and the body should be rubbed off with a coarse towel afterward. The bath need not be more than five minutes in duration. * * After the bathing and rubbing, or after eating, a moderate amount of exercise should be taken. For this a few minutes with Indian clubs or dumb-bells is sufficient. Further than this, the patient should go to bed at the same hour every night and arise at the same hour every morning. * * * Since the age of 18 I have been troubled more or less by insomnia, and nothing has ever given such relief as a course of hearty meals just before going to bed. When the temporary insomnia has been relieved by this, I continue the sponge baths and exercise before going to bed; but sleeplessness often returns after a sustained degree of mental labor and excitement, and is almost immediately relieved by a general hearty meal before going to bed. * * * I now make it a rule never to get hungry, and always to eat at night when I am in the midst of an unusual amount of work, or engaged in work of an unusully exciting character. * * * There is a popular superstition that grown people should not eat immediately before going to sleep; that it will give them indigestion or nightmare, or both. I cannot see why adults should be so very different in this respect from babies. We know that young children awake at night and must have something to eat before they will sleep quietly; and some children actually fall asleep with a nursing-bottle leaking into the mouth. It may be true that digestion is carried on slowly during sleep, and that the digestive function is less active, but here one need not be in a hurry for the completion of the operation. The average person should be in bed seven or eight hours, which is time enough for the digestion of almost anything edible. In our American life I think digestion carried on through sleep probably has the better chance for thoroughness.—*Clin. Reg.*

The Dangers of Hypnotism.—At Nuremberg a case of some public interest has recently been tried in the police court. A commercial traveller while in a restaurant told the waitress to look steadily at the white of his eye and hypnotized her. On a second occasion he repeated the experiment, but this time the sleep was so profound that a medical man had to be called, who had the utmost difficulty in rousing the girl. The commercial traveller was accordingly summoned to appear defore the magistrates, and the severe sentence of eight days' imprisonment was passed on him, which will probably be efficient in checking similar performances in that region. In France the practice of hypnotizing people for amusement seems to be very common, and unpleasant consequences are frequently reported. At a supper party in Paris recently one of the company hypnotized a girl and was unable to rouse her. She was consequently taken to the house of a medical man, and after a time she recovered consciousness. The whole party were taken into custody by the police, and were

not released until next day. Even when hpynotism has been practiced by competent medical men for remedial purposes, unpleasant accidents and ulterior consequences have again and again occurred, so much so that recently an order has been issued by the French Government prohibiting surgeons in the army and navy from practicing it. It ought to be distinctly understood both by the profession and the public that hypnotism is not devoid of danger at the time, and not infrequently has permanently impaired the moral and emotional control of patients. A medical man is bound, before recommending hypnotism for a patient, to weigh the question as carefully as he would that of the advisability of administering an anæsthetic.—*Lancet.*

Hypnotism and Clairvoyance.—Professor William James, of Harvard, in his article on hypnotism, in the current number of *Scribner's Monthly*, says; "I know a non-hysterical woman who, in her trances, knows facts which altogether transcend her possible normal consciousness, facts about the lives of people whom she never saw or heard of before. I am well aware of all the liabilities to which this statement exposes me, and I make it deliberately, having practically no doubt whatever of its truth. My own impression is that the trance condition is an immensely complex and fluctuating thing, into the understanding of which we have hardly begun to penetrate, and concerning which any very sweeping generalization is sure to be premature. A comparative study of trances and subconscious states is meanwhile of the most urgent importance for the comprehension of our nature.

LITERARY NOTE.

Upon the Origin of Alpine and Italian Lakes; and Upon Glacial Erosion.—A series of papers by Sir A. C. Ramsay, F.R.S., President of the Geological Society.—John Ball, M.R.I.A., F.L.S., &c.—Sir Roderick Murchison, F.R.S., D.C.L., President of the Royal Geographical Society.—Prof. B. Studer, of Berne.—Prof. A. Favre, of Geneva.—Edward Whymper.—With an Introduction, and Notes upon the Origin and History of the Great Lakes of North America, by Prof. J. W. Spencer, State Geologist of Georgia.—The Humbolt Publishing Co., 28 Lafayette Place, New York.

The rapid progress of the science of Geology at the present day justifies the reproduction in "The Humbolt Library" of this series of papers contributed at various times by the distinguished writers whose names are given above. No one desirious of being well informed can afford to neglect this important study of geology, which many scientists claim disproves the Mosaic cosmogony. The present work is in two parts—a double number and a single number. Price for both, 45 cents.

USEFUL FORMULÆ.

Prescription for Cystitis.—To render the urine aseptic in cystitis and gonorrhœa, the following is recommended in the *Gazette de Gynecologie*, December 1, 1889:

℞ Sodium borate, - - - parts, 1.
Syrup of raspberry, - - - " 3.
Infusion of lactucarium,
Infusion of linden flowers, - aa " 8.
M. Sig.: One tablespoonful every 2 hours. Or:

℞ Benzoic acid, - - parts 1 to 2.
Glycerin, - - - " 5.
Simple elixir, - - - " 75.
M. Sig.: One tablespoonful every 2 hours.—*Med. Age.*

Exalgine.—Alfred S. Gubb (*Med. Press and Cir.*) says that neuralgic pains are immediately and permanently relieved by exalgine. Those associated with the female generative organs are singularly amenable to its sedative influence. The commencing dose should be two to five grains. Ten to twelve grains only should be given in twenty-four hours. Fever is a formal contra-indication. The following formulæ are offered:

℞ Exalgine, - - - - grs.xl.
Tinct. aurantii cort., - - - ʒij.
Syr. aurantii cort., - - - ℥ss.
Aquæ menthæ pip., - - - ad ℥iv.
Dissolve the exalgine in the tincture and add the syrup and water—℥ss.=gr. 5.

℞ Exalgine, - - gr.xxxvi to lxxij.
Sp. frumenti, - - - - ʒvj.
Dissolve and add syrupi, - - ℥j.
Aquæ distillat., - - - ad. ℥vj.
℥ss.=3 to 6 gr.—*Times and Register.*

Treatment of Dandruff.—Dr. H. Laird Pearson (Birkenhead) writes to the *Brit. Med. Jour.:* Personal experience enables me to recommend the following:

℞ Hydrarg. perchlor., - - - ʒss.
Glycerin, - - - - - ℥v.
Eau de Cologne, - - - - ℥v.
Aq., - - - - - ad ℥xx.
M. Ft. Lotio No. 1.

℞ Beta-naphthol, - - - - ʒij.
Alcohol, (ethylic), - - - ℥xx.
M. Ft. Lotio No. 2.

℞ Acid salicyl., - - - - ʒij.
Tr. benzoin co., - - - ʒiss.
Ol. olivæ, - - - - - ad ℥x.
M. Ft. applicatio.

Wash the head thoroughly with terebene soap; rinse well, and dry with a rough towel; rub in some of the No. 1 lotion, and dry with towel; next apply lotion No. 2, and allow it to evaporate off; finally rub in thoroughly a small quantity of the oily application. The treatment should be carried out daily for a month, and then every alternate day for a fortnight. The dandruff disappears in a few days, and the hair becomes vigorous and supple in a remarkably short time.—*Med. Calendar.*

ORIGINAL ARTICLES.

URETHRAL FEVER.

BY J. CHALMERS DA COSTA, M.D., PHILADELPHIA.

Read before the Philadelphia County Medical Society.

For many centuries, and for various purposes, surgeons have subjected the urethra to mechanical injury. When we think of some of these purposes, of the instruments employed, of the operations done, we are not so much surprised as to what the urethra has not tolerated, as astounded in regard to what it has. Catheters, as is well known, have been in use much longer than bougies. Celsus used coarse tools of copper, the Arabians clumsy instruments of silver; Fabricius employed leather, Van Helmont an awful weapon of bone, and some other operators spiral springs covered with leather.

Bougies were apparently invented in the early part of the sixteenth century at Aldereto, of Salamanca. They were first made of cotton wicks dipped in wax, then of lead, and then the plaster instruments of Mayern came into use. Henry III. of France, it is interesting to note, gave considerable *eclat* to the use of the plaster instrument among the gentlemen of France, by returning from Poland, getting a Venetian clap, and having a subsequent gleet cured by a French plaster bougie.

When we think of some of these instruments it seems a wonder that any one survived an attack of urinary retention or a stricture. Recall the terrible injuries inflicted by the operation for stone of Romanus and Sanctus (operation by the apparatus major). Call to mind the treatment of stricture by allowing bougies to ulcerate through it or by forcing them through, or by opening a passage with lunar caustic. Sir Everard Home followed this latter method. He tells of a man who had to be cauterized 1258 times in fifteen years before an instrument would pass. This distinguished surgeon remarks, with apparent surprise, that he has seen people with constitutions so irritable that burning a stricture has been followed by rigors and violent fever but the surprise is ours when he states that this has only been noted two or three times.

That mechanical injury of the urethra may be followed by positive and diverse symptoms has long been known. Among them we may mention vertigo, faint ness, feeble pulse, profound shock, syncope, respiratory disturbances, profuse sweats, epileptiform seizures, vomiting, intense headache, high temperature, and even death. Banks, of Liverpool, had one death in a few minutes, and another in four hours. Sir Henry Thompson records the death in fifty hours of a man well used to instrumentation.

Many of these symptoms need no consideration here, for we are dealing with those, alone, or combined, which constitute urethral fever.

It is not uncommon to apply the term urethral fever to various conditions, and it seems certain that it has been positively assigned to the most different pathological states.

A great diversity of opionion exists among the leaders of surgical thought as to what this fever is, and what it springs from; and when we read their explanations we are almost forced to believe that the same name is given to different things, that unlike states have by different authors been taken as the type, and habitually argued on as if no other form existed. The combatants seem like the knights of allegory disputing with a shield between them, when a step forward would have displayed a truth and set contention at rest, proving each one right and each one wrong.

I will briefly exhibit a few of these opinions:

Mr. Reginald Harrison, late of Liverpool, now of London, considers urethral fever to be due to the absorption of urine or urinary constituents, by means of a urethral abrasion. This abrasion permits of the absorption of alkaloids from the urine and tissues, or leukomaines, and the products of wound decomposition, ptomaines.

Mr. J. C. Ogilvie Will, surgeon, to the Aberdeen Royal Infirmary, opposes the view that this condition is due to urinary absorption, and considers it purely reflex neurosis. The fever, however, which occasionally follows the relief of retention of urine in cases of enlarged prostate, he believes to be a symptom of sepsis arising from the admission of the germs of decomposition.

Coulston tells us that it is due to reflex disturbance of the circulation of the kidney.

Sir Henry Thompson says it is a manifestation of profound reflex nervous disturbance.

Van Buren and Keyes decide for urinary absorption.

Sir Andrew Clark believes catheter fever to be primarily a nervous condition which subsequently may have sepsis added to it.

The citations sufficiently indicate the diversity of opinion which exists among the masters.

It is seen that three different views are held as to the cause:

1. Reflex circulatory disturbance in the kidneys.
2. Toxæmia.
3. Reflex nervous irritation.

Let us examine these views:

1. *That of disturbance of the kidney circulation.*—It has been constantly observed that after operations on the urethra there has been a marked diminution, or even suppression, of urine; that in certain cases of urethral fever suppression of urine is very frequently found; that after relieving retention the same phenomenon is not unusually presented, and suppression is most usual when the kidneys are previously diseased; and so well known is this fact that Otis and others caution us to always examine the urine before urethral operation. Again, some gentlemen have made post-mortems in cases which

died after urethral instrumentation, and found pronounced kidney congestion, and this alone.

That this condition does occur is undoubted, but that it causes urethral fever, or constitutes it is very doubtful.

In the first place, these symptoms may not be present at all, showing that they are not essential.

In the second place, as Banks has shown, there is something besides suppression at work, even when death occurs. The symptoms are not those of uræmia, except as to suppression, and death occurs far more quickly than can be accounted for by retained urinary elements.

This condition, then, of kidney congestion arising from urethral irritation we would set aside as the essential element of urethral fever.

It may be present, it may be absent; it is rather, even when present, a part of the case, than the whole case.

2. *Toxæmia.*—This view is largely held, is expounded with great emphasis by Mr. Harrison, and we believe covers a vast majority of the cases.

Post-mortem examinations prove the existence of such a thing as septic urethral fever. Such examination has, in quite a number of cases, shown injury, abrasion, or laceration of the urethra, urethral abscess or sloughing, abscess of the prostate, suppurative phlebitis, and even metastatic abscesses.

This absorption may be sudden and rapid or gradual, may occur early in the case or after days, may be due to alkaloids which result from retrograde chemical changes in living cells, or to those which are the product of the microorganisms of putrefactive decomposition.

Mr. Harrison cites many facts to support the view of urinary absorption. He found that an internal urethrotomy, if associated with a median cystotomy and the use of a large tube, was rarely followed by anything but the slightest febrile reaction, that the better the drainage the less the fever. This distinguished surgeon says that when perfect drainage is unobtainable, he uses local and general means to keep the urine aseptic, experience proving that such action very effectually, in most cases, combats fever.

The rapid development of the symptoms, in some cases, has been urged against the possibility of absorption, and it seems to me with considerable force; but then we must remember they are very rapid only in some cases.

Again, I am persuaded that the capacities of a urethra, even without an excoriation, for the rapid absorption of certain substances, has not been justly estimated. This is well seen in some reported cases of cocaine poisoning, in which, in periods varying from a few seconds to some minutes after a urethral injection of a solution of this drug, positive and characteristic symptoms announced its constitutional effects. An important confirmation of the urinary absorption view is given by the observation that the chill and fever, as a rule, follows the first act of micturition after the operation, well fitting in with the statement that, if the urine is drained through the perineum, the chill and fever are apt to be absent.

Harrison also shows us that, if we make many attempts to pass a stricture with an instrument in cases of urinary retention, and succeed in opening the channel, fever is almost certain to occur, but if we fail, and, leaving the channel closed, aspirate, fever does not occur.

An argument urged against this view is the statement that experiment shows normal urine when absorbed by tissue causes no harm.

It is true that normal urine thrown under skin of an animal will be apt to be absorbed without bad result, but the absorption takes place before any change in urine result. In the urethra, when mucous membrane is abraded, the urine (it may be in minute quantity) lodges in the pocket, and, at the body heat, along with blood and mucus and tissue debris, decomposes, and is absorbed. If the urine be sterilized its retention does not cause fever. It seems positively proved that absorption is a usual cause of urethral fever. Believing this, the surgeon should take all just precautions.

As to the advisability of combining cystotomy with internal urethrotomy, I must solicit the views of those more experienced than myself.

In the usual run of urethral cases, protect the patient in two ways: See that the urine is aseptic, by injecting along the urethra and into the bladder $HgCl_2$, 1–5000 or solution of boric acid, and by giving quinine internally, which drug is eliminated by the urine. I would ask the advisability of drawing the urine for the first few hours after a severe urethral operation with a rubber catheter, or, after micturition, at once injecting, in spite of pain, some antiseptic fluid. We thus guard him from within.

Guard him also from without. See that the instrument is aseptic and not greased with old septic animal or vegetable oils. For the past few weeks I have been using a preparation known as lucent glycoline, or mineral glycerine, a pure hydrocarbon, which is an excellent lubricant, and is claimed to be aseptic. Prof. Keen, of the Jefferson College, is giving it a trial, and we may soon expect a positive determination of its merits.

3. *Supposed Cause.*—Profound reflex nervous disturbance. That irritation of the urethra is capable of producing profound reflex disturbances is certain. Weakness, exhaustion, cold sweats or syncope, are common, and were long ago alluded to as frequent, by Hunter and Abernethy. Irritations of the region in the neighborhood of the urethra are likewise productive of reflex disturbances, as seen by the consequences of many anal and rectal operations. The urethra is a most highly sensitive region, and, during anæsthesia, retains its sensibility longer than the conjunctiva. It has a great nervous supply coming from the sacral plexus and splanchnic nerves. Dr. Belfield made a valuable series of investigations upon curarized dogs. He proved that an irritation of the domain of these nerves, severe enough to wound, caused an enormous fall of blood pressure and great cardiac weakness, but that if

the splanchnic or sacral nerves were first divided, no such effect was observed. He proved by a most ingenious apparatus that instrumentation in man produced a like fall of blood pressure and a like degree of cardiac weakness.

The great reflex excitability of this region, the observation that urethral fever is rarer when cocaine or ether are employed, that it often arises with almost explosive suddenness, that the symptoms may be of very transient duration, may come on before the passage of urine; that it may exist when drainage is perfect, and is more common in neurotic subjects, has led many surgeons to advocate the nervous view of neurotic fever.

We can conceive of a peripheral irritation affecting the heat center (whose existence is so brilliantly indicated in Prof. Horatio Wood's experiments in making a study of fever).

Prof. Wood states that many febrile states (as the irritative fevers) are apparently due to peripheral irritations. This distinguished observer then shows that most supposed reflex fevers are due to a toxæmia; he is not certain, however, that all are. He says:

"The history of cases of febrile reactions during teeth-cutting, and the relief afforded by relieving the tension of the gums; the fugitive fevers seen in childhood as the product of gastro-intestinal irritation; the various trifling febrile reactions of ordinary life, seem, however, to indicate a cause more trifling than blood poisoning, and to point to direct peripheral nerve irritations as provocative of febrile reactions."

It seems highly probable that the reflex effect of urethral irritation is in some cases the cause of fever.

To sum up the conclusions of this paper:

1. That the existence of a toxæmic urethral fever is positively proved.

2. That circulatory disturbance in the kidney is not the cause, though it may exist, and play a great part in the case.

3. The existence of a reflex form is in the highest degree probable.

In conclusion, it seems likely that both forms could exist in the same subject, having first exhaustion from shock, and then a chill and fever from reflex irritation; then continued high temperature, which may be preceded by another chill or chills, from sepsis.

CHRONIC CATARRH OF THE CERVIX AND THE CERVICAL CANAL.

BY H C. CROWELL, M.D., KANSAS CITY.

A consideration of the above-named subject has been suggested to me as one not unworthy of the time we may spend in its review, trying to ascertain the true pathological condition which I believe will disprove the erroneous application of the term ulceration to this disease; we shall also endeavor to arrive at such rational plans of treatment as shall, in the majority of cases at least, prove most efficacious in effecting speedy recovery.

Again, the frequency with which this affection is met by all who are engaged in the practice of medicine, be he general practitioner or specialist, warrants us in essaying to converge in singleness of purpose, eradicating, if possible, errors in our understanding as to the nature of the condition under discussion, and thereby establish, as nearly as may be, such treatment as shall harmonize with therapeutical principles, applied to like pathological manifestations.

Endo-cervical catarrh sometimes, and catarrh of the vaginal cervix generally, I think, may be attributed to some disease lying back of, and above, the cervix, as for instance, we note, in not a small per centum of these cases, a co-existing endometritis, which gives rise to an irritating leucorrhœal discharge, which, by constantly bathing the cervix and macerating the mucous membrane, predisposes to a denudation of the same, upon the slightest friction, such as is in constant operation when a woman is much upon her feet, as they frequently are in these cases, as housewives, shop girls, etc.

Another cause may be noted in tubal diseases, where the uterine opening of the Fallopian tube remains pervious, through which irritating secretions may enter the uterus and thus escape by the cervical canal. These secretions are oft times acrid and irritating, setting up not only violent cervical, but vaginal irritation, as well as abrading the skin, wherever they may come in contact with it.

Sometimes a granular condition of the cervix obtains as a result of specific vaginitis.

In multiparæ the starting point may be due to lacerations of the cervix in parturition, miscarriages or abortions. In virgins, granular conditions of the cervix may be found when no other cause than general debility can be ascribed as producing it, yet such cases usually require more than general restoratives to effect a perfect and permanent cure. By the use of hepatic stimulants, iron, arsenic and strychnia, together with hot water injections, and possibly some astringent, some of the milder forms will recover; but, frequently, neglect to examine such patients and apply such treatment as will effect resolution brings discredit upon the attendant. True it is that many of these cases refuse local interference. Then internal medication should be administered with the advice that a possible failure may result if nothing more is done, thus, in a measure, protecting our professional opinion and maintaining, if such a thing be possible now-a days, the respect for us as a body of men, not working hit or miss, but understandingly.

The granular surface of the cervix, which looks so much like a raw surface, and which is so often termed ulceration, has been found by various pathologists to be covered with one layer of epithelium, the granular points to be new growths having no connection with the normal papillæ of the mucous membrane.

The normal mucous membrane of the cervix, it will be remembered, is composed of numerous layers of squamous epithelium which have, as the result of maceration and friction, as before stated, been denuded, leaving but one layers.

The same condition of denudation obtains in the cervical canal, hence, from this thin covering, the subjacent vascular tissue shines through, giving a red, abraded-looking surface, secreting muco purulent material, which is the source of a great part of the leucorrhœal discharge, a constant symptom in this condition. Sometimes, when this condition of things is present, with profuse leucorrhœa, patients are treated for the symptom, and not the disease; hence, it seems not out of place, in this connection, to assume that leucorrhœa, *per se*, is never a disease, but only a symptoms of disease or some condition producing irritation, disturbance of circulation, etc., giving rise to the leucorrhœa.

On the surface of the cervix may be seen in some cases projecting cysts, which may break and form small abscesses, if not properly cared for.

These cysts may be the Nabothian follicles or mucous cysts, due to obstruction of mucous glands.

In some we also notice changes in the connective tissue, which alters the appearance to inspection, as also to digital examination, and yet such cases may not be malignant, as we should suspect, and suspecting should exercise great care in differentiating from malignant abrasions, in this location, which will require different treatment promptly applied.

In multiparous women, with lacerated cervices and retroflexions, the cervical canal is, to a certain extent, everted and gives rise to the condition, called by some, ectropium.

I have noticed in all cases, whether multiparæ or nulliparæ, where displacements existed, granular conditions of the cervix were quite common, and I have not been able to notice any special relation between lacerations and cervical granulations. Some seem to be directly chargable to lacerations, while others, with an equal amount of laceration, present no cervical granulation, though they may exhibit catarrh of the cervical canal.

As symptoms of this condition, besides leucorrhœa, which we have already alluded to, may be mentioned pain, which is usually referred to the back and of itself is not diagnostic, nor are any of the symptoms of which the patient complains, our only reliance for absolute diagnosis being the eye.

Some cases also complain of pain in the region of the ovaries, in the spine, top of the head, etc., all being probably more or less sympathetic.

A general feeling of malaise and exhaustion, with various nervous phenomena, as hysteria, hypochondria, melancholia, etc. Irregularities in the menstrual period are not infrequent, the flow being either too profuse, too frequent, or scanty and painful.

Sterility may frequently be due to catarrh of the cervical canal, the mucous plug, always present, preventing the spermatozoa entering the uterine cavity.

Physical examination reveals to the touch in some cases a soft cervix, covered with a very smooth secretion, and in women who have had children and lacerations of the cervix, the end of the finger may enter the cervical canal, owing to the gaping. Other nulliparæ may present no evidence to the touch which could be considered diagnostic.

If the case is of considerable duration, especially in multiparæ, with retro-displacement, movement of the cervix may cause pain from the strain upon the parametritic tissues, which are suffering from the results of an acute inflammation at some previous time, or the result of long continued congestion, retarded return circulation, etc.

By the use of the speculum more definite information may be derived; in fact by the speculum all, short of the microscope is derived.

With the speculum in place, using either the bivalve or Sims', we clean away the secretions from off the cervix, not attempting the fruitless task of removing the cervical plug of mucous. We look for any cysts which require opening; with a Butler's spear evacuate their contents, and touch up the the crypts left with a little pure carbolic acid, applied on a delicate probe. Having our dressing forceps ready, wrapped with absorbent cotton, soaked in water, we take up any excess of acid that may be left. If any doubt exists in regard to there being a laceration of the cervix, the anterior and posterior lips of the os uteri may be picked up with tenacula and drawn forward, when, if the granular surface is inclosed between the lips, thus drawn upon, it is inferred that a laceration existed.

This procedure is not usually necessary to determine this point.

After trying various plans of treatment, I am convinced that a practically unstimulating plan of treatment is the one to be adopted. We have observed that this surface which we wish to treat is covered by a single layer of epithelium; hence, to apply strong caustics, such as nitrate of silver, iodine, bromine, nitric and carbol acid, would certainly destroy that which we should preserve and most desire to produce, as a protective—viz., a membrane.

The treatment which to me has seemed to render best results has been exceedingly simple in a large majority of cases.

I first clean away the secretions, as before stated, placing the surface in as good condition as possible for subsequent treatment, which consists in applying boracic acid dry, say about a heaping teaspoonful, to the granular cervix; this is held up to, and about the cervix, by a large flat pledget of absorbent cotton, backed up by sufficient plain cotton tampons to hold in place, and also elevate the uterus somewhat, thus favoring the return circulation, and doing away with any engorgement of the tissues, which not uncommonly exists.

This application is worn for two days, then removed, and frequent injections of hot water are advised. After an injection of a half gallon of hot water, or even

more, sometimes, the patient is advised to use a pint of tepid water to which she has added half an ounce of fluid ext. of hydrastis. Applications of boracic acid are made twice a week. If granulations are too prominent they are brushed over lightly with pyroligneous acid. After a week or two of such treatment to the vaginal surface of the cervix, if the mucus plug still remains I dilate moderately the cervical canal with a rapid dilator when I can, usually, easily remove it.

Subiodide of bismuth is a remedy in which I also have great confidence, used the same as I use the boric acid. This treatment, with very slight modifications, is continued throughout the course of the trouble which, in uncomplicated cases, does not extend over a period of more than three months, and sometimes a much shorter time.

There are some cases, however, in which the cervical trouble is very rebellious, and continues secreting immense quantities of mucus. Those cases have thus far yielded to curetting with the sharp curette. If, back of this local trouble in the cervix, we find endometritis, displacements, etc., as we do in a large part of such cases, of course they will receive such treatment as seems best.

Besides the local treatment, great care must be given to placing the patient in the best hygienic condition possible. If married, intercourse should be interdicted. Such internal medication as shall stimulate the portal circulation and give the system tone are indicated. Arsenic, iron, strychnia and nerve sedatives meet all indications.

I must not close this paper without reference to cancerous development in the cervix, which ofttimes becomes a matter involving no little anxiety on the part of the physician for differential diagnosis. We know that about 98% of all cancers in women occur in the cervix uteri; hence the need of being on the alert.

The most common form found in the cervix is the epitholioma, which is a slow growth and spreads by extension and not by the lymphatics.

As to whether cancer begins in cellular tissue or the epithelium is not yet settled, some claiming one point as the origin, and others another. When we feel hard nodules in a cervix, which are not Nabothian or mucous cysts, we should watch them carefully, and if they break through and present an unhealthy, secreting surface, taking on, in this form, the appearance of an ulcer, we may strongly suspect cancer, and should snip out a piece for microscopical examination and diagnosis.

The same malignant process may originate in the cervical canal.

A form of corroding ulcer has been described, which is not malignant, and this with cancerous and occasional syphilitic ulcerations are the only kinds to be described in any modern text-books.

Those cases, so frequently called ulcerations of the cervix, are simple granular degenerations.

In cases of doubt as to the nature of the lesion of the cervix, specimens should always be subjected to microscopical examination for diagnosis. If cancer, any stimulating treatment, short of complete destruction of tissue, is deleterious; hence our plan of unstimulating treatment, even though it be a cancer, is safe and proper, until a definite diagnosis is reached, when prompt and radical measures should be adopted.

Now, while I have practically limited the scope of this paper to the consideration of cervical lesions, I desire before closing to record myself as being of the opinion that in a very large majority of cases cervical catarrhs are simply manifestations of other pathological conditions which must receive attention in order that we may see improvement in the cervical lesions.

ADDRESS.

Delivered before the Alumni Association of the Missouri Medical College, at the Post Graduate School of Medicine, April 29, 1890.

BY G. M. B. MAUGHS, M.D., LL.D.,

President of the Alumni Association; Professor of Obstetrics, Missouri Medical College.

Fellow Graduates, Alumni of the Missouri Medical College.—Permit me to congratulate you upon the auspicious circumstances under which you have met on this, the first regular meeting since the reorganization of our association.

In the world's history the importance of events is not always in proportion to the glamour or unpretentiousness of their beginning; and history or epoch-making events are not unfrequently initiated without attracting the attention of the community—while the erection of thrones with the earthquake shock of moving armies, and all the pomp and circumstance of glorious war often fail of lasting importance, or in any wise altering the course of events.

In the year 333 B. C. was founded by the conqueror of the world the city of Alexandria at the mouth of the Nile Shortly after, on the division of the world, at the death of its founder, this fair city, with the kingdom of Egypt, the cradle of civilization, fell to the lot of his brother, or brother-in-law, Ptolemy, upon whose death it fell to his son Ptolemy Philadelphus—Ptolemy, the brother, being so-called because he carved his way to the throne by murdering his elder brother—became lord of Upper and Lower Egypt. His reign, among other things, was remarkable for the bestowal of gifts, honors and money upon the ancient religion of the country, whose priests received large benifices, and throughout his vast dominion the temple of Osirus and Isis were honored and enriched by royal bounty.

At one of these obscure temples on the Rosetta mouth of the Nile, upon the death of an obscure priest of the obscure order, that for near 2,000 years had been forgotten, a roughly dressed porphyry stone was set up, having carved on its dressed face a laudatory ora-

tion upon the goodness, glory, majesty, might and dominion of the *pious* Ptolemy. This inscription was in three languages: (1) Hieroglyphics, the sacred language of the priesthood; (2) Demotic, the language of the people of the country; (3) Greek, the language of the conquerors and rulers of the country, and patrons of the temple. The pomp and glory and might of the kingdom of the Ptolemies have fled like spectres of the night, or morning mists; its acts and actors, with the pompous court life that dazzled the world, long since forgotten, for 2,000 years, swallowed by the insatiable greed of all-conquering Rome—whose rapacious maw was only half filled by this and the rest of the world—and its worship transferred to despots, and this again replaced by Christianity, and this by the religion of the prophet, whose followers, in the 7th century, conquered the country and established the religion of the present day. The temple of Isis had moulded to dust—had become a part of the black mud of the Nile valley, and for 2,000 years Egypt's ancient temples, religion, language and people had been alike forgotten, or existed only in mummied sarcophagi,whose strange characters only excited curiosity when, in 1802, the young emperor of the French, Napoleon Bonaparte, entered Egypt with a conquering army, and with all the pomp and circumstance of glorious war —over hecatombs of Mamelukes slain in the shadow of pyramids whose histories painted upon their walls no man could decipher—with the deep mouth bellowing of a thousand cannons was announced the establish ment of French rule in Egypt. The astonished world in triumpet-tongue cried, wonderful !

During their occupancy of the country, in throwing up some earth works at the Rosetta mouth of the Nile this—not forgotten, because never known—tri-lingual stone was discovered.

For ages the glories of the Ptolemies and alike the glamour and glory of this conquest that startled the world had been forgotten by those now cultivating rice upon its then blood-stained fields, and its last traces have disappeared from the then scarred and astonished earth. But this obscure transaction of this obscure priesthood of a forgotten temple of an unknown reli gion, of a forgotten language, of a forgotten people, though this unobtruslve stone stands forth as the most important event in Egypt's history—reanimating the the slumbering sphinxes of the mysterious Nile and startling the world, as with trumpet tongue it tells it the secrets known to mummied urns—making ghosts of Manus and Cheops, from whose pyramids flash the histories of these autochthones, who built and rocked civilization's first cradle and gave the world the alphabet of the arts and sciences.

During the reign of these Ptolomies there was noiselessly founded an unpretentious medical college at the Serapium, with dissecting room, a library and a botanical garden attached. This soon became the center of the world's learning, producing all the geographers and arithmeticians, (among these Euclid and Archimedes,) and physicians of the world, for more than half a thousand years, and giving to Alexandria glory greater than all the armies and treasures of its kings. In the 6th century of our era, through the disasters incident to the fall of the Roman Empire, medicine had become mere juggling, and through the discord of juggling priests and doctors the school fell into disorder, and in the struggle for existence with them the survival of the fittest was shown in the triumph of the clergy; the doctors went under, and for a thousand years the world was cursed with the union of these two in one, the doctor-priest, during which time disease was relieved of half its work by the killing of the patients before they were half sick.

In the beginning of the 16th century the Serapium of Alexandria was revived in the opening of dissecting rooms and a botanical garden at Padua, a classical town of central Italy. This soon become the Mecca of all searchers of knowledge, and from it sprang the *renais sance* of the almost forgotten art and science of medicine—the untold benefits of which now bless the world to an extent then undreamed of by sage or Avitar.

The glory and pomp of the world of that day, with its thrones and principalities, have passed away—been forgotten—while the unpretentious deeds of the noiselessly founded medical school of Padua, showering the blessings of life and health upon untold millions, live on and on to our day—to forever.

In 1840 in the small town of St. Louis, then of less than 40,000 inhabitants, on the western bank of the commingled waters of the Missouri and Mississippi rivers, whose water-sheds—somewhere in the far west —were the homes of savage beasts, and yet more savage men—the painted Sioux and Dacotahs were but little better known than are now those of the Nile and Congo—was founded a second Padua, which if not so famous as that of Italy, it must be remembered is not near so old.

In this medical epoch-making year of 1840 one of nature's most rarely gifted geniuses, eloquent as Tully and artistic with the knife as was Raphael with the brush—the young surgeon, Joseph Nash McDowell, impelled by the "zeit gheist," or spirit of the age, most marked in the west, hailing from the land of great men and beautiful women, Kentucky, aided by an educated, able and ambitious young physician, John S. Moore, founded under a most liberal university charter, the Medical Department of Kemper College, which soon after became the Missouri Medical College, under which honorable and honored name and title it has continued to the present day, with ever increasing honor and usefulness. During its early history and struggles, unaided except by the indomitable pluck and energy of its immortal founder and the patronage of a discerning public, it numbered among its corps of able teachers many of the names best known among the medical profession of St. Louis. Among these, besides its founders, McDowell and Moore, were Drs. Barbour, Lane, Barrett, Leffingwell, Kavanaugh, J. B. Johnson, Charles Stevens

and John T. Hodgen, the gifted and able surgeon, whose untimely death in the morning of his usefulness fell like a pall not alone upon St. Louis, but throughout the entire country. Our friend and fellow graduate of 1848, his entire medical education and training were in this school and under the immediate instruction of its great founder, Dr. McDowell. But as envious fate permits not the continued unalloyed happiness and prosperity of individuals, so is it with institutions and nations. The dark clouds of discord—surcharged with human passions and big with muttering thunders that for forty years had been gathering, ever more lowering, threatening, presaging coming strife between the North and South, broke in cyclonic fury over the unhappy country in 1861, at which time the Missouri Medical College was in a high state of prosperity, numbering its classes by the hundred, and with many other of the grandest, noblest, best possessions of the South, felt and rocked to its foundations beneath the fearful shock. During this fearful political storm that shook earth and sea, and by turning loose the worst passions of men threatened the dissolution of society itself, the Missouri Medical College was taken possession of by the military authorities, and this temple, sacred to science, was converted into a military prison.

During this time of darkness and disaster, those who should have stood by and might have saved it from sacriligious spoliation, fled from it and took refuge in safer institutions—those on the stronger side leaving this temple, erected to science and dedicated to the healing of the people, a prey to the spoiler, and its invaluable and utterly irreplaceable museum treasures the spoil of the ignorant and brutal.

After the restoration of peace, its fearless founder, though like his institution battle-scarred and broken in frame and fortune, immediately proceeded to repair and reorganize it by gathering around him the present professor of chemistry, the distinguished, gentlemanly, ablest of scientists and most instructive of teachers, Prof. C.O. Curtman; the learned, urbane, and generally beloved Dr. Watters; the gentle, modest and able scientist Dr. Shumard (and Science wept when this noblest of her votaries fell),whose early death was a national loss; together with our distinguished fellow-citizen and able physician, Dr. Wm. McPheeters who retained his connection with the college through its entire *renaissance* struggles until 1873. I am happy to add that this last named gentleman still lives,an honored member of society and of his profession—may time yet for many a year, with oiled fingers smooth this brow it is wont to furrow! A short time after its reorganization in '67, I became associated with the college as one of its teachers, which connection has been retained with the exception of a few years abroad, until the present time, now 23 years. Several of its professors, among them our able and experienced Dean, Prof. Robinson, and the urbane gentleman and ablest of ophthalmologists, Prof. Michel, have been teachers in the college now 20 years. Among these I may be permitted to mention Prof. Tuholske, than whom St. Louis never produced a more able surgeon, physician, or teacher. Others we have educated, trained, and some of these are among the foremost physicians and surgeons in the city.

And as it has always been the aim of the faculty and trustees of this institution to select for its teachers the ablest and best men in the profession, exclusively on account of their professional and moral worth, it is reasonable to claim that this college has at all times fully represented the best professional talent in the city, and that per consequence the Missouri Medical College has ever been kept well abreast with the most advanced thought of our science, and in proof of this fact we point with pride to its thousands of alumni who from the remote East to the shores of the Pacific are among the most advanced, useful, successful and honored members of our profession.

Ever anxious to improve and elevate the standard of medical education, this college has been foremost in urging a more enlarged, prolonged systematic curriculum necessary to entitle the student to a diploma. Ten or twelve years ago we placed ourselves in communication with the medical colleges of the country, advocating and indeed urging the adoption of a three years' course. In response to this appeal a convention of medical college deligates was agreed upon to be held in Cincinnati, for the purpose of obtaining a uniform term and course of study before granting a diploma. This convention met and our college was represented by Prof. Robinson who ably urged the adoption of a three-year course of college attendance. The result of this meeting it was hoped would be to enable the Missouri Medical College to announce in its coming circular the adoption of a three-term corse, but like many other hopes and expectations of men, wo were doomed to disappointment,and that too from a source least expected. After the return of the delegates, Dr. Samuel D. Gross, the nestor of medical teachers,together with his college, withdrew from the agreement or proposal to adopt a three year course. This action of one who had so ably championed the measure, with a like action of the leading medical college of the East, rendered the scheme impracticable, as it would have been suicidal on the part of the Western colleges to insist upon a three year course which would have made the great West a mere feeder of Eastern colleges, where a cheap and brief attendance upon college, and consequent early entrance upon the practice of their profession, no matter how illy prepared, must have allured medical students to retrace the world's advance of going west, by going east in search of knowledge, fame or fortune.

The time, however, has now arrived when cultivated professional public opinion expects, demands, what we had wished and worked for, a more prolonged and thorough medical education, before the student is entitled to graduation.

In correspondence with this advanced thought and necessitating it, the State Boards of many of the States,

(and it is hoped all of them) will soon make the same requirements, have determined that a full three years' attendance upon college is necessary that a diploma may entitle the holder to practice medicine and surgery within such states. Protected, supported by this action of the State Board, the Missouri Medical College gladly adopts that high course of medical education for which it has so long contended. But in order that we might teach a full three years' graded course with system and with the profit that such a course was expected to give, greatly enlarged facilities for teaching were necessary.

The Missouri Medical College Faculty has fully met this want in its fusion with the Post Graduate School, by which we acquire three of their ablest and most experienced teachers, Englemann, Glasgow and Spencer, all well and favorably known throughout the land, as men of the highest moral worth and scientific attainments.

This gives us a corps of fifteen professors of experience with an unusual number of clinical lecturers and assistants, most of them men of years and experienced in teaching, which with the acquisition of their college building, with its ample clinical rooms, lecture rooms, dispensary,and large clinical material, built up by many years of laborious charity, with those afforded by the Missouri Medical College, with its lecture rooms, clinical rooms, laboratory rooms, clinical material, surgical, medical, gynæcological and other departments, with its attached St. John's Hospital, with its large general wards, neatly fitted and pleasant rooms for patients from a distance, as well as those in the city, and presided over by the sweet sisters of the religious Order of Mercy, whose ministrations like those of "whispering angels" disarm disease of half its terrors. Together with our clinics at the City Hospital with its vast clinical material, enables us to give the student every possible clinical advantage desirable or profitable throughout his entire three term graded course—all will see that our facilities are commensurate with the wants of the age, while you gentlemen of the Alumni Association will learn by this that we keep your Alma Mater where for fifty years it has been, abreast of the most advanced thoughts and actions of the profession.

Feeling an especial pride both as graduates and teachers in the Missouri Medical College, we are happy to point, as we can to the past, that the public course of this college has been not longer than honorable. No act of this college, or its faculty, has ever fallen below the lofty standard of medical ethics, and no holder of a diploma from it has ever blushed to show the charter authorizing him to work, and no school or university in the land has ever thought it less honorable than its own.

In all of this, Fellows of this association, you have an equal interest and pride with ourselves, and that through all the ages drawn through coming time it may maintain this high position, a position given it not less by its alumni than its professors, we appeal to each and all of you of its thousands of graduates throughout the land, to stand by and for your alma mater; ever feel that each of you has a life policy in its success and honor, and permit no accidental position of individuals or party to interfere with or cripple its usefulness or acts of those who for a time may obtain positions by manipulating the institutions of your state, the possessions of the people of the state act to its detriment. To prevent this is in the hands of its alumni, aided as you ever will be by the public sense of justice against which no aspirant or possessor of public office dare act. To be right is to be doubly armed.

In all this you have not only a direct personal interest, but a higher, nobler interest, intimately clinging to the heartstrings of every educated, refined gentleman, the desire that that which honored him in his day and generation may, *will*, also honor his children's children. That they in referring to the high and honorable position of their ancestors may point with pride to the charter from this college authorizing them to work. With all honorable competition in the great work of instructing and in elevating our divine calling, we strike hands of fellowship, wishing them God speed; against all dishonorable efforts of cliques or cables to hinder, to cripple our usefulness, we claim your protection, and with a veteran class of more than a thousand of intelligent, educated, useful, honorable citizens of the state, we fear nothing and as we hope, through this organization, to place ourselves in close relation with every graduate of this college, we shall confidently expect your hearty cooperation in making the Missouri Medical College an honor to both the profession and state.

TRANSLATION.

IMPOTENCE IN THE MALE, AND ITS TREATMENT.[1]

BY DR. LEOPOLD CASPER, OF BERLIN.

Translated by Wm. N Beggs, A.B., M.D., St. Louis.

[CONTINUED.]

There exists almost universally among the laity the opinion that sexual excesses lead to an early loss of sexual power, and it is certainly an advantage that most people have this opinion, for otherwise excesses would be much more common than they are; many are, however, restrained from the dissolute pleasures toward which they are, by nature, inclined, through fear of the possible results.

Many, however, are of more heedless nature or desire conquers such considerations. Then, on some occasion, there happens to be a hitch in coition, because the erection does not occur at the desired time, or occurring, it disappears too soon, or an unusual length of

[1]For Parts I. and II., See REVIEW of April 26 and May 3.

time or extraordinary and exhausting efforts are required to bring about an ejaculation of semen; in other words the patient notices that the act is not carried out in the usual manner. This is not in the least necessarily the result of excesses, for there are other circumstances enough to explain it. The persons in question are perhaps physically or mentally exhausted, their thoughts were distracted, perhaps they had been carousing, or the inclination toward the particular woman was unusually slight; the latter has caused disgust or loathing by uncleanliness, some disagreeable odor, or vulgar conduct. One of these causes would be sufficient to explain why coition should fail to take place in the usual manner.

The patients, however, always refer it, as would be natural, to their sexual excesses; they say that their punishment is at hand. We shall see later in considering the atonic form of impotence that they are often correct; it was, however, one of those accidental occurrences which together with coincident weakness has caused the failure. If it has once occurred, however, then, as already stated, the fear that it will continue to occur follows, and this thought, more than all other occurrences and conditions, prevents a normal erection.

I will here add a case from my practice which by its history and course confirms this view.

"Four years ago a young student consulted me for impotence. He described his trouble minutely and truthfully. As a boy, æt. 13 years, he began to masturbate and that almost daily at first. He could not get to bed early enough to bring about the longed-for pleasure. The orgasm was excited by friction of the member. It was not until after years that it was brought to his knowledge that he was doing anything reprehensible. Then he struggled against it with the greatest energy, but was only partially successful. He was able to go weeks and perhaps longer without indulging in the vice, but always finally returned to it again. Traveling had only a passing favorable effect. He confessed to me that there was no place in which he had been, in which he had not masturbated. Although he truly regretted his failing, earnestly feared its results, and lived in a constant struggle with himself, he would nevertheless at night be overcome by a uniformly overwhelming power. The next day he would be dejected, weak, hypochondriacal, filled with self-disgust and hatred. He tried to punish himself, recalled the memory of his deceased parents that they might protect him and shield him from his vice, but all in vain.

"Shame did not permit him to speak about it to anyone until he finally concluded to reveal it to his family physician and ask him for advice. From him he received the same answer that he had often given himself; that he himself must be able to energetically and successfully struggle against his vice. This was naturally of no use. The poor fellow, an intelligent young man, passed his final examination without having made any change in his sexual conduct; he masturbated afterwards as before but not so often.

"As nothing did him any good he determined to have intercourse with women in the hope that that would help him. Shy as he was, a friend had to furnish him an opportunity for copulation, which he successfully accomplished. For a time now he refrained from masturbation, only to recur again to the vice later. He copulated now about every two months as a therapeutic means, for he observed that after coition he masturbated less frequently. Finally, as he one evening, having previously drank champagne, attempted coition with a puella publica under very unfavorable circumstances, the member suddenly became lax after only a partial erection. Shame, rage and hatred toward himself overcame him. The unfavorable circumstances were that the place in which he and the girl were was a small side room of a large ball hall into which the noise of the ball penetrated. The girl was an ugly, dissolute wench, who in a business-like way requested him to be in a hurry as she did not have so much time for him. Later attempts with other girls were likewise failures; his anxiety lest he should not succeed overcame him, and therefore the patient—he was then 23 years old—came to me in distress.

"In my opinion this was a case of pure psychical onanism, dependent upon lack of self-confidence, which naturally was to be referred to onanism and the fiasco just described. No disturbance of the sexual organs could be demonstrated in spite of the ten years masturbation; testicles and penis were normally developed, and the patient had the appearance of perfect health.

"Therefore I considered it my chief task to restore confidence to the patient. I assured him first that if he would follow my directions he would certainly recover. He promised, as far as lay in his power, to refrain from masturbation and I did not neglect to inform him that if this occurred, say once a month, it would not have any influence on his recovery. I did this so that the patient, in case of a relapse in this regard, which was certainly to be expected, would not lose his confidence again. He was to remain continent for three months, and during this time bathe twice a week with cold spinal douche. Perineum and penis were treated with the Faradaic current three times a week, and the patient took large doses of the bromides internally. He had great hopes of a cure, which I regarded as greatly augmenting his chances for recovery.

"At the expiration of the time determined, I declared him to be healed, and told him he could copulate as soon as he felt a desire for it, but not sooner; he should not attempt to hasten it at all. The patient did as directed and after a time informed me that he had brilliantly succeeded.

"It is worthy of note that in this case the patient—in position and honor—three years now having passed, has never been able to refrain from masturbation—coitus and masturbation alternate."

As in this case masturbation, fear, and remorse, combined with a temporary cause, led to impotence, so also may the same occur in excesses in natural coition. In

this connection, however, those short enduring forms of temporary impotence immediately following excesses in certain individuals are not to be considered. If one has repeatedly in successive nights indulged in coition it is natural that his power shortly afterwards leaves him in the lurch at new attempts, for the energy of the sexual impetus is related to the already existing spermatic fluid and the accumulated nervous elasticity. If the former is expended and the latter exhausted then naturally coition cannot take place. This is so well known to the laity that they so explain it and remain free from the anxiety which I have described. They know that only a little rest is necessary to make it all right again.

In many cases circumstances of married life cause a so-called *relative impotence.* Husbands are able to have intercourse with other women but not with their own wives. Such cases have been observed in men in whom a disinclination for their wives has been created in the course of time, in men whose wives have aged early, and further in those who have formed engagements outside of wedded life which are to them more agreeable, so that they find no more pleasure in that which belongs to them by right. In such cases it is naturally difficult for the physician to bring about a change.

Superstition is also capable of bringing on impotence.

Hammond ([25]) writes as follows:

"In a former period this influence was more generally admitted, and it was supposed that witches and sorcerers had the power of casting a spell upon a man, and by this means to deprive him of the ability to accomplish the act of sexual intercourse. These individuals were in France known as the *noneurs d'arguillette* 'the tiers of the knot'. All that was necessary was that the person upon whom they pretended to impose their spell should thoroughly believe in it, and the impotence was an accomplished fact. Cases of the kind were of a very common occurrence, so that after a while every man who found his virile powers becoming weaker laid the cause upon some old man or woman who had the reputation of being a sorcerer or witch. Many of these poor wretches were burned at the stake or otherwise severely punished for this supposed crime.

The extent to which notions of the kind prevail at the present day is scarcely known among educated persons. Physicians, however, often meet with cases of purely imaginary impotence which the subject religiously believes has been produced by an enemy by a look or an incantation of some kind, or by causing him to eat some particular substance which has had the power conferred upon it of depriving him of his sexual functions. The consequence is that, actuated by the belief which he entertains, the attempts at intercourse result in failure, and hence he ceases to make any further efforts in this direction.

"Only a short time ago a man consulted me for impotence with which he believed his wife had affected him so as to keep him continent during a visit he was about to make to New York. She had, he said, given him a singular glance as he left the house. He felt a peculiar thrill pass down his spine to his testicles, and after that, erection was impossible.

"In another case a man from Long Island came to see me, bringing a lock of hair of a woman who, he believed, had 'laid a spell' on him by which he was rendered impotent. The woman in question, he explained, had wished him to marry her. He, however, had fixed his affections on another woman, and had married her, whereupon the first, out of revenge, had caused the loss of his sexual power. The event had taken place on the fifth night after marriage. Up to that time he had done his part to his entire satisfaction, but on the fifth night, the disappropriated woman, concealing her jealousy, had invited him and his bride to take tea with her, and on their return home he found himself in the condition mentioned. He had been told that I could cure him by treating a lock of the hair of the witch, and with much trouble he had succeeded in procuring this, in his opinion, indispensable prerequisite to cure, and had brought it to me."

Such cases can pass into a hypochondriacal condition in which they devote their entire attention to the genital organs. Then we have a form of psychic impotence which is to be classed among the psychoses. It depends upon an absolutely causeless fancy that the generative organs are degenerating, that the testes and penis are shrinking, whereas these organs are *de facto normal.*

In his book Hammond describes a case of this kind, which shows what *insane fancies* patients may have respecting their genitalia:

"A patient of my own, after great sexual excesses, took the idea that his penis and testicles were diminishing in size. He spent the greater part of each day in measuring them and recording the results in a book which he kept for that purpose. Finally he reached the conclusion that they had entirely disappeared, and although he did not go about lamenting the fact, he was examining the region as often as he could get the opportunity, and making a record of the results of his examination. As an interesting instance of the line of thought of a hypochondriacal maniac, I transcribe here a portion of his diary for one day:

"November 4, 9 A. M. The event that I have been fearing has at length occurred; they have vanished! absolutely vanished! and I am ruined. Oh, my God! how I am punished for my sin!

9:30 A. M. Cold water does no good; hot water is no better. Will try blistering.

9:45 A. M. Not even a vestige of penis or testicles, not a vestige. I will consult a physician, No; I cannot exhibit my misfortune. Applied blister.

10 A. M. Removed blister to see if they really have gone. Alas! it is too true. Blistering can be of no possible service. Removed it.

10:30 A. M. Reflected that if they were really gone there ought to be something left to show where they

had been. Find ample evidence. A vast cavity at the bottom of my belly. Will consult a surgeon, but how in heaven can he help me? Is there any medicine that can restore the organs when they have entirely gone as have mine? It would be a mockery, a sinful mockery. God knows I have sinned enough.

10:25 A. M. There is no doubt of it. They have gone, and I am a ruined man. I am no man. I am an eunuch, an unsexed man, a mere thing without a purpose on the earth.

11 A.M. I might sing in the choir if they are really gone. But, Oh, God! For me, a man, a strong, lusty, vigorous, boastful man, to be reduced to singing in a church choir. It is horrible! But what else am I fit for? My mind is certain to become weaker. I shall grow to be fat and pulpy. I will be an oyster, a big, disgusting oyster.

11.10 A.M. Have just urinated, and had the most singular experience. The urine oozed out from the place where the penis used to be, but, alas! where it no longer is.

"This will suffice; there were hundreds of pages of such stuff. He finally came to see me, and brought his diary with him for my instruction. He with the utmost confidence in the correctness of his perceptions and judgment, attempted to demonstrate to me the complete absence of his penis and testicles. I could detect no deviation from the normal standard in either, but no arguments or tests that I could apply sufficed to undeceive him. He groaned and wept over his misfortunes, walked up and down the room cursing himself for his wickedness, and the science of medicine for its inability to help him."

Such cases, which are genuine psychoses, are extraordinarily difficult to treat, for the insane ideas constantly take deeper root in these patients and soon extend over different fields. Such patients should be treated in an asylum where attempts can be made to direct their fancies into the direct channel again.

This leads us to a group of cases of psychical impotence in which the causes are an aberration of the thoughts directed to sexual relations, *sexual perversions*.

These cases have rather attracted the attention of investigators who write on legal medicine; but they are of special interest and great importance for our subject. The normal man feels sexual desire under circumstances which are well known and which, therefore, I do not need to describe more particularly. The sight of totally or partially nude women, contact or sensual conversation with them, obscene pictures, or the like, awaken in him fancies which cause a sexual excitement of which an erection of the penis is the expression.

It is different in people with perverse sexual feeling. That which in the normal man excites physiological impetus leaves him cold; his sexual appetite is aroused by conditions which would in no way influence the normal man. For example, the sight of women's drawers or shoes would scarcely make any impression upon the sexually normal man, whereas I know a patient who has sensual feeling only when he sees women's drawers.

It is easy to explain how such perverse feelings have impotence for their result. The subjects do not obtain the erection necessary for connection at the time when coitus should be completed, because that which arouses their sexual functions is lacking. At the same time, their sexual desire may be strong, often too strong.

A large number of the patients belonging to this class are onanists—I will call them thought onanists as opposed to those who without further sensual feeling cause the orgasm and ejaculation to occur through friction of the organ. These thought onanists arouse some fancy which awakens the sensual thoughts; in their fancy they delineate the most extraordinary manipulations which they share with women. By this means sensuality is aroused and they obtain an erection and ejaculation. If, on the contrary, they are with women with whom they should have intercourse they remain cold, they do not find that in the reality which their fancy has pictured; no erection takes place, they are impotent.

Perverse sexual feeling can make itself evident in the mere fancy, as in thought-onanists, or also in the performance of an unnatural kind of sexual act with other persons. Both are alike successful. The variations observed here are so numerous and manifold that it is not practical to portray them all; I shall simply give a few noteworthy examples from my own practice and that of other authors.

An extremely noteworthy example of genuine perverse sexual feeling, with consequent impotence, is related by Charcot and Magnam[26], in the patient's own words.

"My sensual feelings were manifested," he said, "from the time I was six years old, by an intense desire to see boys of my own age, or men, naked. It was not difficult for me to satisfy this inclination, for my parents lived near a barrack, and the soldiers put no restraint on the exhibition of their virile organs. One day I saw (I was then about eight years old) a soldier masturbating. I imitated him, and experienced besides the pleasure of the imagination as to what the soldier was doing, the physical pleasure of the friction. I continued to give myself pleasure by exciting my imagination by the remembrence of naked men. My parents left N. and went to live at B. There I saw that the soldiers bathed in a little stream and in a completely naked state. I resolved, in order to obtain the satisfaction I wanted, to seat myself on the bank of the river, and to pretend to sketch the landscape, while, without appearing to do so, I could look at them. At about the age of fifteen puberty was attained, and I derived much more satisfaction from my acts of masturbation. Moreover, I provoked erection and its results as much by imagination as by friction. More than once I had erection, the sexual orgasm and seminal ejaculation solely through seeing the genital organs of a man. At night my imagination was excited and the like results ensued. At the age of twenty I stopped masturbating but I was never

able, notwithstanding all my efforts, to control the extation of my imagination. Strong, handsome and young men always provoked in me a strong emotion; a fine statue of a naked man also caused a like effect.The Apollo Belvidere excited me greatly. When I met a man whose youth and beauty excited my passion, I was tempted to please him, and if I had given free rein to my feelings I would have shown him all possible kindness. I would have invited him to my house, and written to him on perfumed paper. I would have sent him flowers and made him presents, and I would have deprived myself of many things in order that I might have rendered myself agreeable to him. I never did these things, but I was quite sure I was capable of doing them. I thought by refraining I might conquer the desires I experienced. I knew how to overcome the inclinations of which I speak, but I was never able to subdue the love I felt. Fortunately for me my love was changeable. Work and my studies are a great assistance to me against my venereal thoughts, but often sensuality prevails, and I am obliged to stop in the midst of the study of an intricate question by the sudden appearance of a naked man in my imagination. I have always fought as hard as I could against this sensuality and I have often refrained from acts towards which I felt myself impelled, but I have never been able to extinguish the sensuality itself. The supreme satisfaction of this sensuality has never extended beyond the sight of a naked man, and especially the penis of a man, and I have never felt any inclination to enter a man, or to be the passive object of a man. To see the genital organs of a strong and handsome man has always caused in me the highest voluptuous feelings.

"As to women, however beautiful they may be, they never excited in me the least desire. I have tried to love one, believing thus to turn my ideas into their natural channel, but notwithstanding her beauty and her assistance I have remained entirely unmoved, and erection, so easy with me at the sight of a man, has never even had a beginning. No woman has ever provoked in me the slightest sexual feeling.

"I admire the feminine toilet; I love to see a woman well dressed, for I am then reminded that if I should be a woman I would dress in that way. At the age of 17 I dressed myself like a woman at a carnival, and I experienced an indescribable pleasure trailing my skirts on the floor, in arranging my false hair, and in putting on my lownecked dress. Until I had reached my 22 year I took the greatest pleasure in dressing a doll, and it affords me much pleasure even now.

"Ladies are astonished to find that I am so good a judge of the good or bad taste of their toilets, and at hearing me talk of things as if I were myself a woman.

"The love which I may feel for any particular woman passes quickly, for as another, handsomer in my eyes, makes her appearance, the thought of the first disappears.

"For the last few months nocturnal emissions are not so frequent with me as they used to be. At present three week have elapsed since I have had one, but I continue to have my usual dreams, and to desire always to see (nothing more) naked men."

Charcot and Magnan give very many others details of this interesting case, of which some are very important from a neurological standpoint, but have no value for our subject. The patient was advised to substitute in his fancy a woman for a man by any sensual excitement. He tried very hard to do this but generally in vain. After several months struggling, however, he had slight success, and even succeeded so far that he could have sexual intercourse with a woman; which aroused pleasant sensations in himself. The psychical effect was brilliant and after a few days only he was relieved of his former feelings. As he left Paris, however, for a long time, and was therefore compelled to struggle against the old burden with his reason alone, the unnatural inclination soon began to regain its sway over him.

In this case, aside from the psychical treatment, recourse was had to hydrotherapy (cold showers and douches)and to bromide of potassium, which is said to have diminished the intensity and duration of his attacks, without, however, influencing their frequency.

The chief interest of this case is afforded by the circumstance that a sexual orgasm and ejaculation of semen was produced by the simple sight of a naked man, a penis, or even of a nude statue, but sensual excitement was never caused by woman.—*Deutsche Medizinal Zeitung.*

[25]Op. citat.

[26]Arch. de Neurol., No 7, p 54.

[TO BE CONTINUED]

THE MAN-FROG AND MAN-GOOSE—The man-frog was first exhibited at a fair in one of the rural districts of France, in 1866, and at Paris during the whole of the following year. He has a stout ill-shaped body, the perfect counterpart of that of a frog, and thick skin, cold and clammy, covered with numerous welts and blotches. His great frog-like face, eyes five inches apart, and enormous mouth was a hideous sight to behold. He attracted a good deal of attention from the Academy of Medicine, Paris, and delegates from that institution were deputized to make him an object of study. During the four years following 1866, he travelled all over France and parts of Spain, and made quite a fortune for himself and his exhibitors; retired to his native city, Puyre, where he died of a fever in 1874.

The man with a goose's head first appeared before the public at the famous "Gingerbread Fair" at Liverpool in 1872. He was 20 years of age at that time, had eyes perfectly round and a nose eight inches in length, flat, and shaped exactly like the bill of a goose. His neck was three times the length of that of an ordinary person, surmounted by a round flat head, without a single hair. He seemed to have as much common sense as the average country boy of his age, learned very fast and soon quit the show businessand studied the photographer's art. His name is Jeam Rondier, and he now lives at Dijon, France.—*Republic.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, MAY 10, 1890.

THE REPORT OF THE ILLINOIS BOARD OF HEALTH

The Illinois State Board of Health has recently published its report for 1890, on medical education, medical colleges and the regulation of the practice of medicine in the United States and Canada. The book is as thorough and complete as could be wished, and evidences throughout the painstaking care displayed by the author, Dr. John H. Rauch, secretary of the board. For the benefit of those who are not so fortunate as to possess a copy of the report, we present a few of the many interesting facts collated. The progress which has been made in the direction of higher medical education since the appearance of the report for 1889 has been greater than for any half decade in the history of the country. The number of colleges requiring a graded course of three years has increased 25% and, we may remark in passing, the credit for much, if not most, of this, is due to the Illinois Board of Health and its indefatigable secretary. The number of colleges requiring preliminary examinations has increased 6 % and as a further evidence that popular sentiment is in favor of raising the standard of medical education is the fact that Florida, Tennessee and Oregon have passed medical practice acts. There are 139 colleges in existence, against 129 in 1886, and 131 in 1889; of these there are 126 in the United States and 13 in Canada. Up to the present 149 institutions are extinct, including 18 that were fraudulent. In 1882 the number of colleges exacting certain educational requirements was 45; in 1886, 114; in 1889, 117; in the present report, 124.

The number of colleges requiring three or more courses was 22 in 1882; 41 in 1886; in 1889, 47; at present, 64. The average duration of lecture terms has increased to 25.5 weeks, from 23.5 weeks in 1882.

The requirement of four years' study and three annual courses of lectures, first adopted by the Illinois Board of Health, has been adopted by several other Boards with similar authority, and those that have not already done so will probably co-operate with the movement in a short time. The indications are that three-fourths of the Medical Colleges of the United States will within the coming year voluntarily adopt this regulation going into effect after the sessions of 1890 91. The remainder will be compelled to fall into line, or cease their existence.

Looking on the other side of the shield we find that there has been an addition, during the past year, of eight medical colleges to the list, in addition to which there is at least one, if not more, in process of gestation. Regarding this the report has to say. "The craze for establishing medical colleges commenced in the United States about 1840, and continued uninterruptedly until 1880, when there was a lull, but it seems again to have broken out.

"The chances of survival of new colleges will be better appreciated when it is borne in mind that since 1850 there has been a mortality of over three per year, and that, at this time, more is required of the graduates of such institutions than at any period in the history of medical education in this country."

The evil of having so many medical colleges, for evil it is, as any thoughtful, unprejudiced mind will admit, will doubtless correct itself ere long, under the changed conditions which will probably prevail, by the application of the law of the survival of the fittest. There is not much reason to suppose that the number of medical students will increase in the same ratio as the medical colleges, especially with the lengthening of the periods of study, and the profit and loss columns of the various colleges will compare notes and exercise a potent influence.

There are 47 medical colleges in the United States open to both sexes. Of colleges for women only, there are nine, all bearing the slightly defiant and aggressive but nevertheless monotonous title of "Woman's Medical College." Of these, two are located in New York City, and one each at Toronto, Kingston, Atlanta, Chicago, Baltimore, Cincinnati, and Philadelphia. Of colleges for the colored brother there is a sufficiency, there being five institutions restricted to the descendants of Ham, located at Louisville, New Orleans, Raleigh, Nashville, and Memphis. The Medical Department of Howard University, Washington, D. C., as a contrast to the foregoing, is open to all without distinction of sex or color.

SYPHILIS COMMUNICATED IN DENTAL PRACTICE.

There are many ways of communicating syphilis other than by sexual intercourse, and we should always make just allowances for the patient who declares that his disease is not of sexual origin, and endeavor to ascer-

tain the truth of his assertion, instead of at once characterizing him, mentally, of course, as one of the tribe of Ananias. There are many innocent ways in which it is possible to implant syphilis, and more, there are numbers of cases on record to convince the cynical doubting Thomases who reluctantly admit that such things are possible, but assert in the same breath that they are highly improbable and infrequent.

Dr. L. Duncan Bulkley, of New York, draws attention to this subject in a recent number of the *Medical News*. He states that the number and variety of modes by which the innocent spread of this disease has been accomplished are much larger than would be supposed by persons who have given the matter but little attention. Though the number of instances in which syphilis is reported to have been communicated in dental practice are relatively few, they are sufficient to illustrate the importance of the subject, and to indicate the means by which this danger may be avoided. As many as sixty cases are on record in the practice of one person, communicated in performing the simple operation of catheterizing the Eustachian tubes. Hundreds and perhaps thousands of such cases have occurred in obstetrical practice, and in numbers of instances it has occurred in vaccination, tattooing, cupping and breast-drawing, as well as in other ways too numerous to mention.

To come back to dental practice, if the initial lesion of syphilis happen to be in or about the mouth, the danger is not very great, for such a patient is not very likely to seek the dentist at such a time; however, it is well to exercise due precautions in the case of doubtful sores. Special care must be exercised against mucous patches, which are far more fruitful of infection. This is because they are superficial, and often do not cause much annoyance, so that the patient is easily able to undergo considerable dental manipulation while having an abundant crop on the lips, tongue, or buccal cavity. Their secretion is sticky and intensely contagious, and it is from these lesions that fresh chancres are most commonly contracted. Certain deep ulcerations, especially in the early stages of syphilis, may also give rise to contagion, but very few such instances are known.

The blood is the least likely to present dangers in connection with dentistry, as a source of syphilitic infection; it is possible for blood drawn during an operation to communicate the disease if by chance it finds the opportunity to enter another individual. This very uncertainty gives the subject greater practical interest, for in very few of the instances of innocent contagion was its possibility known or even suspected beforehand.

The dentist may receive the disease through tooth-wounds, or any abrasion on the hand, while operating on a syphilitic patient, his fingers being constantly bathed in the buccal secretions. The reverse case is also possible. The most common, however, is the indirect method of contagion where the dentist's instruments serve as carriers of infection; it is readily seen, how, unless precautions are exercised, they may serve as media to convey the dried syphilitic secretion which adhered to them to the tissues of healthy individuals.

Dr. Bulkley says that it is not always possible to determine exactly upon what instrument or in what manner the poison is conveyed, but gives a number of instances which show that infection took place in some way in connection with and in consequence of dental operations. The most important and practical part of the subject, however, is that of prophylaxis. An infected instrument or article may again give off the poison and produce inoculation, days, weeks, or perhaps even months afterward. Simple washing will not destroy the poison, but may dilute it so that it becomes harmless. The best means of destroying contagious principles is by means of heat; this is most readily applied by placing the instruments in a vessel of water and boiling for half an hour. Among the chemical substances, bichloride of mercury is certainly effective, but it has the disadvantage of being poisonous in strong solution, and of corroding metals. Carbolic acid, therefore, is the best of the two, and a safe method is to dip the instruments in a 95% solution, wiping or scrubbing them afterward.

A much weaker solution, say 10%, will probably be effective if the instruments are allowed to remain in it for some time, and then thoroughly washed. Too great care cannot be used in cleansing instruments and appliances pertaining to dental practice.

As to personal prophylaxis of the dentist, but little need be said. The hands should be thoroughly cleansed, and fresh wounds carefully guarded; any wound made during operations should be immediately sucked. In conclusion, Dr. Bulkley gives it as his opinion that dentists should be able to recognize at least the mouth lesions of syphilis, and suggests that something of this sort be included in their college courses.

The Curative Effects of La Grippe on Acute Mania.

Dr. N. E. Payne, Superintendent of the State Insane Hospital of Massachusetts, adduces the following cases showing the very remarkably beneficial effects of attacks of the grippe on some of his patients suffering from acute mania:

"One female patient, a case of mania, had been in the hospital about nine mounths. When she became feverish her exited and incoherent speech left her and she became rational. She was discharged January 27 as recovered, and I have heard within a few days that she continued perfectly well. Another female patient, who was very destructive of clothing, furniture, etc, became rational during and after the fever, and continued so until her discharge, March 28. She had remained 13 months in the hospital, and we feared she would not recover. In her case also the disease was acute mania.

"A third patient, a woman, was a case of acute mania of peurperal origin, who was violent, destructive, incoherent and noisy until she passed into dementia. The fever of the influenza brightened her mentally and she continued to improve until she was discharged about a week ago to go to her own home. Her disease had lasted two years and one month.

"It is noticeable of these four women that all had entered the hospital with acute mania, and that two of them had afterward passed into dementia. It is remarkable that the last two were lifted out of their hopeless condition by anything short of death.

"A male patient who had been in the hospital eight months showed signs of improvement after an attack of the influenza, and I think he is now in a suitable condition for a trial at home.

"Another male patient had been in the hospital about 13 months. He recovered his reason under the mysterious influence of the grip also. The third and last male patient was a compositor in one of the leading papers, doing night work. Overwork and drink probably occasioned his insanity. He would refuse to eat because his food was poisoned; he heard voices talking with him constantly and was becoming demented. He showed decided gain immediately after the fever and regained his reason about four weeks ago. He had been in the hospital about 11 months.

"It is strange that the three men were all similar in the character of their disease, having delusional insanity, with hallucinations of hearing, which is a form of insanity generally considered incurable and from which only a small proportion recover. While it is too soon to state positively that all will remain well, it is certain that five of the seven have left the hospital with as good prospects of remaining at home and caring for themselves as the majority of discharged patients."

In answer to an inquiry from us on the subject, Dr. LeGrand Atwood, Superintendent of the St. Louis Insane Asylum, says that although the influenza prevailed largely at that institution no recovery could be attributed to its influence.

The Telephone and Ear Troubles.

It has several times been suggested that the telephone might be the cause of the indistinct cases of difficult and disordered hearing. Gelle (*Societe de Biologie—Deutsch. Med. Woch.*) has had frequent opportunities of observing cases of this character, and believes himself able to trace a direct connection between the two. The evil often seemed to be due to the noise of the instrument itself, and sometimes to the state of extreme fatigue produced by long and strained attention, associated with frequent use. He believes that in all the cases we must assume that there was a certain nervous predisposition, as well as a secondary or pre-existing pathological state of the auditory apparatus. The first case observed by Gelle was that of a very intelligent man, whose occupation demanded considerable mental exertion and the hearing of very frequent telephonic messages. The results were nervous excitation and hyperæsthesia of the auditory apparatus, especially of the ear used in telephoning; there was a continual roaring in the ears, with vertigo. The second case was that of a young girl, who was employed solely in attending to the telephonic communications of a large mercantile establishment. She was conscious of a continual roaring in the ears, of deafening intensity; there were also vertigo and hyperæsthesia, noise of any kind being extremely painful and hardly to be borne. These difficulties gradually disappeared on giving up the use of the telephone. The sound of the telephone undoubtedly exercised a traumatic effect, the results of which were greatly heightened by any existing lesion of the ear, even though it be the slightest. There were even inflammatory changes in the middle ear. The symptoms are similar to those appearing in persons working among noisy machinery, etc.

MEDICAL ITEMS.

An Old Practitioner. — Dr. James Kitchen, of Philadelphia, now in his ninetieth year, has been sixty-eight years in the practice of his profession.

Contagion by Kissing a Corpse.—A woman in Ohio recently lost her child by diphtheria, and forced her other children to kiss the dead body. The latter also sickened and died.

Successor of the Late Professor Westphal.—Professor Grashey, of Munich, has been appointed to succeed the late Professor Westphal in the Chair of Mental Therapeutics in Berlin.

The University of Pennsylvania. — Dr. H. A. Hare, the editor of the Medical News, has just been appointed clinical professor of diseases of children at the University of Pennsylvania.

Dr. Hugh A. Jones has been appointed assistant physician at the Poor House, vice Dr. A. W. Fleming, resigned. Dr. Fleming intends prospecting for a location in Denver before settling anywhere.

Resection of the Lung.—This operation was performed before the members of the German Surgical Congress in Berlin, on April 11th, for the removal of a tuberculous deposit. At last accounts the patient was still alive.

A Doctor's Building.—A stock company is said to have been formed in Pittsburg, the members of which are all physicians, for the purpose of erecting a ten-story building on Penn avenue, to be occupied by physicians only, who will have their offices there. There

will be two elevators in the building, so that patients will have no trouble in reaching the upper floors. The ground floor will be rented out for storerooms.

We recently had the pleasure of a visit from Drs. Jacob Geiger and H. W. Love, editors of the *St. Joseph Med. Herald.* They say the St. Joe doctors are just recovering from the dissipation incident to the entertainment of the Missouri Valley Medical Association, which met there recently.

In Chronic Rheumatic Sore Throat, Ingals (*Jour. of Laryng.*) says that he derives the most benefit from phytolacca and salol, combined with a laxative, and sometimes iodide or bromide of potassium. The phytolacca is given in doses of two to four grains; the salol up to ten grains.—*Times and Reg.*

Here's Your Opportunity.—The Academy of Medicine (England) announces as the subject for its prize essay for 1891 the best forms of artificial nourishment for new-born infants, merits and defects of unboiled milk, boiled milk and tepid milk. Essays should be sent in before March 1, 1891. The prize amounts to $400.

Hypnal is the name of a new compound introduced into medicine by M. Bonnet, of Paris. It is made by uniting antipyrin and chloral, and its chemical name is said to be trichloracetyldimethylphenyl. It is given internally in doses of fifteen grains and is said to be not unpleasant to take, and to have some hypnotic power.

The English journals discuss Weissmann's experiments in de-tailing nine hundred mice to test the transmissibility of mutilations, with a good deal of levity. So far as heard from, every one of our English exchanges seems to have been seized with the same idea, that if there were any truth in such transmission, her aristocracy would be headless as well as brainless.—*Times and Reg.*

Supporting the Sugar Trade.—The Portuguese Government has ordered by a decree, dated March 13th, that saccharin, whether alone or mixed with any other product, shall be sold by chemists only on the prescription of a legally qualified medical man. Every contravention of this enactment, as well as the employment of saccharin in the manufacture of sweetmeats and drinks, is made punishable by definite penalties.

Ventilation in Iceland.—The extreme cold of the winter in Iceland reduces the system of domestic ventilation in that country to very primitive principles. A traveler there was so choked one night by the close atmosphere of the air-tight little chamber in which he slept with all the male members of the family, as to be compelled to wake his host, who sprang out of bed at the call, pulled a cork from a knot-hole in the wall for a few minutes, and then, replacing the cork with a shiver, returned to bed.—*College and Clinical Record.*

A Doctors' Home.—The Alabama State Medical Society has under consideration a project to build a doctors' home, and the county associations of Jefferson, Montgomery and Mobile have given it their approval. The plan looks to no great immediate results, but has an eye to the future. Under it each member of the county societies is requested to contribute annually the sum of one dollar, and when a sufficient fund has been raised, a building will be provided and arrangements made for receiving inmates.

Naphtha Intoxication.—The *Archives de Neurologie* states that in the Boston rubber works, where great numbers of females are employed, these women are in a continual state of ebriety from the inhalation of the fumes of the naphtha employed. On being questioned, the girls declared that they had become so habituated to this strange form of intoxication that it was a necessity to them, and that the pleasurable sensations induced excelled those of opium or hashish.

The authority for this singular statement is not given.—*Times and Reg.*

How a Dentist Collected a Bill.—A well known dentist tried hard to collect a bill, but, after many ineffectual efforts, said to the debtor: "I do not intend to send you any more bills, and I don't intend to sue you; but there is one thing I want to tell you. Every time you cut off a piece of beefsteak and pass it to your wife, I want you to remember that she is not chewing that beef with her teeth, nor with your teeth, but with my teeth." In two or three days he received a check. The notion of those doubly false teeth in his wife's mouth was too much for the husband.—*Christian Advocate.*

The Return of the Wanderer.—A handsome reception and banquet were tendered Dr. A. K. Meisenbach by his medical friends at the Mercantile Club, on the evening of May 3. Toasts of welcome and of gratulation were responded to in the happiest vein of the able speakers on hand, and Dr. Meisenbach gave an entertaining sketch of his recent trip through England, Germany, France, Austria and Italy, more extended accounts of which the readers of the Review have had in the charming letters of the doctor while *en route.*

Dr. Meisenbach returns, not less convinced of the great future of American medicine and surgery than when he departed.

The Inheritance of Acquired Deformities.—The *Mercredi Medical*, for March 5, quotes M. Dupuy upon this subject. Weissman, in his treatise, denies the inheritance of acquired deformities, calling attention to the fact that cutting off the tail of many animals has

not made their descendants tailless. Brown-Sequard has found, however, that lesions of the sympathetic among animals produce hereditary defects in the offspring. Dupuy has found structural changes resulting from destruction of the cervical ganglia even as late as the seventh generation. The descendants of animals that have been operated upon present, together with ocular difficulties, a remarkable asymmetry of the cerebral hemispheres.—*N. Y. Med. Jour.*

Hancock County, Ill., Medical Society.—The Hancock County Medical Society met at Carthage, Ill., in regular session on May 5, with a good attendance of physicians. Dr. J. J. Reaburn, of Denver, read an interesting paper on "The Genesis and Treatment of Typhoid Fever." He gave some new and valuable hints concerning the treatment of this disease, having passed through seven epidemics of it in his town with the loss of but two patients. Dr. J. F. McKowan read a paper on "Puerperal Fever," and his paper was, with Reaburn's, generally discussed. The following officers were elected for the ensuing year: President, Dr. J. J. Reaburn, Denver; vice-president, Dr. W. H. Veatch, Carthage; secretary, Dr. C. L. Casburn, Carthage; treasurer, Dr. J. Callahan, Carthage; censors, Drs. J. W. Carleton, Wm. Boise, S. F. McKowan; delegates to the State meeting at Chicago, Drs. J. F. Hart, J. F. Hulen, J. W. Carleton; to the American Association at Nashville, Tenn., May 20, Drs. W. H. D. Noyes and W. H. Veatch. Drs. Carleton, Boise and Denton will read papers at the next society meeting, which will be held in July.

Confederate Army Surgeons.—Dr. Joseph Jones, Surgeon General of the United Confederate Veterans, has addressed a circular to the survivors of the medical corps of the Confederate army, requesting them to meet with the United Confederate Veterans in Chattanooga, Tenn., on July 2d. He asked that they assist in furnishing a history of the medical corps of the Southern army by contributing data on the following subjects: First—Name, age, nativity, date of commission in the Confederate States army, nature and length of service of each and every member of the medical corps of the Confederate States arms. Second—Obituary notices and records of all deceased members of the medical corps of the Confederate army. Third—Titles and copies of all field and hospital reports of the medical corps of the Confederate army. Fourth—Titles and copies of all published and unpublished reports relating to military surgery and diseases of armies, camps, hospitals, and prisons. The object proposed to be accomplished by the Surgeon-General of the United Confederate Veterans is the collection, classification, observation, and final publication of all the documents and facts bearing upon the history and labors of the medical corps of the Confederate States army during the Civil War of 1861–65. It is believed that invaluable documents are scattered over the whole land, in the hands of the survivors of the Civil War of 1861–65, which will form material for correct delineation of the medical history of the corps.

Brokaw's Rings, which were introduced to the profession in the Review of August 17, 1889, in a paper by their inventor, Dr. A. V. L. Brokaw, have received the attention from abdominal surgeons which they justly deserved. Dr. B. T. Shinwell, in a recent paper read before the Philadelphia County Medical Society, after giving his objections to Abbe's ring and Sims' plates, has this to say regarding the segmented rings:

"After faithful trials, I found that the simplest and most perfect ring was that of Brokaw, which can be readily made and used immediately. * * * Firm approximation is secured with sufficient surface to furnish strong union. The catgut used in threading the tube should be unprepared and as fine as can be obtained, in order that it may be disintegrated readily. Non-disintegration with retention has occurred in two cases. The silk ligature is the safest and most easily handled. Catgut is unreliable; the knot has a tendency to slip, even when the utmost care is taken, making the approximation unsafe. The objection raised that catgut is absorbed too soon is not well founded. If the catgut is well prepared in oil of juniper for twenty-four hours and kept in alcohol, sufficient resistance is given it to keep the rings in place until union is firm."

SELECTIONS.

ON EMMENAGOGUES.

To sum up: Materia Medica is far from possessing as many therapeutic agents capable of directly exciting ovulation as one would suppose from the number of medicaments designated by the name of emmenagogues.

We may distinguish in this category:

1. Simple general excitants.—These means will certainly sometimes be followed by the appearance of the menses when there has been a little retardation in the last act of ovulation. An augmentation of the heat of the body, a little acceleration of the circulation, may then suffice to rupture the capillaries engorged with blood under the influence of the orgasm, already commenced, which has only been arrested. Anæmic cases are sometimes markedly benefited by iron and arsenic, which, however, have only a general action.

2. Certain medicinal substances having a special action on the uterus, the rectum, or the bladder, as savin, rue, aloes, cantharides, etc.—The excitation which these medicaments produce on the organs contiguous to the ovaries may easily extended to the latter. Let this coincide with the condition of ovulation such as we have just supposed, and the excitation will suffice to overflow the full vesicle, and provoke the menstrual hæmorrhage. All these so-called emmenagogues are in a certain sense *Sternutatories* of the ovaries. They

disturb more or less these organs, and the shock which ovulation feels may bring about in a very short time the final or hæmorrhagic phase; but it is by this that their participation in menstruation is limited; only women who are about ready to menstruate are benefited by them.

3. Agents which seem to act more or less on ovulation.—The high temperature of the country which one inhabits, contact with men, the reading of romances, sexual excitation, etc.

Among the agents furnished by the Materia Medica, several seem up to a certain point to attain the same end. Such are, in the order of excellence (according to all probabilities): Electricity applied to the vertebral column and to sexual organs, ergot of rye, and, perhaps-the active principle of the different kinds of *apium*. It might be worth the while to make new trials with nux vomica and strychnia. Now that we know that the external tissue of the ovaries is entirely composed of muscular fiber, and that the Graafian vesicles most advanced toward maturity are surrounded by such fibers in the bulbous portion, we are warranted in having faith in the good emmenagogue effects of strychnia, which may give vigor to the muscular contractility when this is affected with atony, and act favorably on ovulation. The few trials which have been made with strychnia in amenorrhœa seem to warrant the more extensive use of this drug. I should, therefore, be the more encouraged to resort to this alkaloid in atonic cases, from the success which I have had with it in metrorrhagia due (as I believed) in great part to relaxation of the muscular fibres of the erectile appartus of the womb.—Prof. Raciborski in *Med. Age.*

TOILET SOAPS.

In the presence of the multitude of soaps for toilet purposes that are just now being pressed upon the attention of the public, the information contained in a communication from Dr. B. H. Paul, on "Toilet Soap, Considered from a Chemical Point of View," published in the March number of the *British Journal of Dermatology*, will be found very timely: Dr. Paul points out that for some purposes a soap containing surplus alkali, uncombined with fat acid, would be unobjectionable, but that when a soap is intended for bodily ablution the caustic and irritating action of free alkali upon the skin renders its presence most undesirable. For all practical purposes it may be stated that a perfectly neutral soda soap, made with an ordinary fat, in which oleic and stearic acid preponderate, does not contain much more that 11 parts of soda for every 100 parts of fat acid; but a neutral soda soap, made from cocoa nut oil, of which palmic acid is the chief constituent, would contain a large quantity of alkali. An examination upon this basis of 17 samples, representing the products of all the principal manufacturers of high class toilet soap, showed that in five of them the proportion of soda to fat acid was nearly that indicated for neutral soap, but that in some of them there was also potash present, the greater part of which would be uncombined with fat acid, and communicate to the soap an abnormal alkalinity. The general result went to show that among toilet soaps, as usually met with, a perfectly neutral soap is the exception, and that a trustworthy soap of that kind is still a desideratum. Three of the five soaps already specially referred to were described as "super-fatted" soaps, one of them being alleged to have been prepared according to Unna's formula. But in fact they all were found to contain the full proportion of alkali required for the saponification of the fat, besides some additional potash, which in one of them was considerable. Moreover, it is worth noticing that although Unna's formula has been hitherto supposed to yield a soap containing 4% of unsaponified fat, the proportions of soda and potash ordered to be used in it are, according to Dr. Paul, quite sufficient for the complete saponification of the fat. The formation of acid stearates and oleates would, of course, considerably diminish the quantity of alkali acquired, but these acid salts have none of the properties for which soap is applied, and would therefore be useless if presented. Dr. Paul is, however, of opinion that if the difficulties attending the manufacture of a true superfatted soap, which was not greasy when used or too much reduced in detergent power, could be overcome, such an article would be a boon to many, and the discomfort of chapped hands and excoriated faces might by its use be at least considerably mitigated. —*Br. Med. Jour.*

THE ACTION OF ETHER ANÆSTHESIA UPON THE KIDNEYS.

One of the objections urged against the use of ether as an anæsthetic has been its alleged injurious action upon the kidneys, as evidenced by the appearance of casts, blood, etc., in the urine after operations, and the development of dangerous renal symptoms. In a recent article upon this subject Dr. R. F. Weir states that although the occasional occurrence of kidney trouble from this cause has been an accepted fact among American surgeons for a number of years, he has been unable to satisfy himself that such risks belonged to this anæsthetic; and, in reviewing the observations of others it has seemed to him that sufficient attention has not been paid to the influence of the operation itself in the causation of this condition. It is an acknowledged fact that patients with known kidney trouble are apt to do badly after operation, owing to aggravation of these renal diseases, but it is equally well known that many patients who are supposed to have sound kidneys, as shown by examination of the urine previous to the operation, develop renal symptoms of greater or less gravity after its performance. Dr. Weir asks, and we think with justice, whether the development of kidney symptoms in persons who before operation were sup-

posed to have healthy kidneys may not have been the result of septic processes originating in the wound. Among thirty four cases in which no albumen was present prior to operations outside the abdominal and genito-urinary regions, in nine he found afterwards traces of albumen, of a transitory character; and in twenty-five no changes, chemical or microscopical, were observed in the urinary secretion. In five patients in whom evidences of renal trouble existed, the albumen was not increased by the operation, and in three other cases only a slight increase was noted.

Another interesting feature of Dr. Weir's investigations is the fact, that in some of his cases traces of sugar were found in the urine after operations, although previously absent. He considers this of some importance in supporting his view that the presence of albumen is attributable to the operative procedure rather than to the anæsthesia, inasmuch as Redard has shown that glycosuria following an operation is evidence of an inflammatory or suppurative process, and caused by the action of septic substances upon the liver. The favorable effect of ether or chloroform in puerperal eclampsia is regarded by the author as another strong argument against the charge that this anæsthetic directly injures the kidneys.

To diminish the danger to which patients with kidney trouble are subject as the result of an operation, the author emphasizes the importance of avoiding the influences of exposure and cold, and preventing by careful etherization the venous congestion which is so frequently observed during ether anæsthesia. He also advocates early resort to large hot-water injections into the rectum, especially when it is impossible to introduce fluids into the stomach on account of its irritable condition; and above all he insists upon a strict adherence to antiseptic wound treatment.—Ed. *Inter. Jour. of Surg.*

Non-Retention of Urine in Young Girls and Women.—No disease is more annoying or more depressing to a patient than a disease of the bladder which calls for an almost constant evacuation of that organ. Frequent micturiton is usually due to cystitis, or urethritis, or to the presence of a tumor or foreign body in the bladder, but at times it is due to indifferent causes. After a time in certain cases the walls of the bladder contract, owing to hypertrophy of the muscular layer, and the capacity of the bladder is reduced to one or two ounces. Such patients are obliged to urinate every few minutes during the day, and at night when asleep the urine dribbles almost continually.

Dr. H. Marion-Sims advocates the systematic use of injections of warm water to dilute the bladder and increase its capacity, for the alleviation and cure of this distressing condition; and reports a number of cures effected by this method. The apparatus used by Dr. Sims is a silver catheter attached by means of a rubber tube to a Davidson's syringe. He injects water, comfortably warm, to the bladder, by means of this apparatus until the bladder is distended. This is indicated by the sensations of the patient. The process is quite painful, and, sometimes, to the patient, "unbearable," and requires patience on the part of the physician and bravery on the part of the patient to bring about good results. The injections are practiced daily for one, three or more months, until the bladder will hold a pint of water, and then not so frequently. Improvement in the patient's condition and ability to retain urine usually keeps pace with the dilatation. The water injected should not be allowed to remain, but should be drawn off at the conclusion of each treatment.

This method of treatment appears logical, and the results in the hands of Dr Sims have been quite brilliant, as many of the cases had been the rounds of physicians and had been subjected to many methods of treatment. Apparently the only danger inherent in the method is the risk of rupturing the bladder, which could only occur under exceptional conditions of the walls of that organ, or when violence was used in giving the injection. Dr. Sims is to be congratulated for having perfected a successful method of treating a distressing class of cases.—Ed. in *Med. and Surg. Reporter.*

Pseudo Medical Reporting.—Our esteemed contemporary, the *Boston Med. and Surg. Journal*, states that the *New York Herald* makes a little quiet fun over the medical intelligence which is cabled over, and for which, by the way, its own columns usually find abundant room. The latest scheme thus exploited is that of Dr. Bapahinshi of St Petersburg, who claims that diphtheria can be cured by inoculating the patient with erysipelas.

In confirmation of the soundness of the suggested system of treatment, says the *Herald*, the experts refer to many analogous facts. They cite one case in which a man who suffered grievously with corns contracted typhus fever and was never again heard to complain of the least pain in his toes. His apartments were carefully disinfected after the funeral, so that no harm was done to others by the treatment.

Again our ambulance surgeons have observed that a single contusion on the head, made by a policemen's club, often acts as a perfect and permanent anodyne in cases of alcoholic insomia and the like, and instances are known in which confirmed dyspepsia has been permanently relieved by the patient's becoming intermingled, as it were, with the accentuations of a buzz-saw.

In the southern and western parts of our country this system of counter-irritant treatment has been practiced with marked success in obscure forms of mental malady. Hippo-kleptomania—or the irresistible desire for other people's horses—has been completely cured by hypodermic injections of metallic lead in pellets, thirty-two to the pound.

In the mining regions of the Far West, according to

records published by Dr. Bret Harte and other observers, undue irascibility of temperament and even skepticism as to the accuracy of other people's statement have been successfully treated in the same way." —*Col. and Clin. Rec.*

THE TREATMENT OF STRICTURE OF THE URETHRA BY THE RETENTION BOUGIE.—The author has treated several cases of urethral stricture successfully with the *bougie a demeure*, which should not be confounded with the *catheter a demeure*. This method has also been employed by Langenbeck and Hartmann. It consists in introducing a fine bougie—a filiform if necessary —which is not so large as to completely fill the lumen of the stricture, and permits the urine to escape at its sides. The instrument is allowed to remain for two days, when it is usually possible to introduce a full-sized bougie. This plan of treatment is somewhat different from the ordinary method of urethral dilatation. In the latter, the result is due to pressure or slight superficial laceration of the structure, in the former to a continued localized irritation which causes a softening of the cicatricial tissue. Hence for strictures requiring immediate and forcible dilatation this method is not applicable, while it is also contra-indicated in cases in which there is extensive formation of callous tissue, a purulent condition of the urine, with the presence of tight strictures. The method is indicated: 1. In cases in which the urethra is very sensitive, so that the frequent introduction of instruments is to be avoided. 2. In injuries of the anterior urethra, resulting from the use of instruments, especially if false passages are present. 3. If the introduction of instruments is difficult on account of the nature of the stricture (valve-like condition). 4. In cases where it is desired to rapidly dilate the stricture without resorting to divulsion or urethrotomy.

The instrument should be employed under strict antiseptic precautions, the urethra being previously cleansed of blood, mucous and pus. The injection of cacaine is sometimes of value.—*Int. Jour. Surg.*

A NEW POSOLOGICAL SCALE is published by the Indiana Medical Journal, which has the advantage of being easily remembered. Thus the full adult dose of any medicines being given between the ages of 21 to 60, inclusive, *below* 21, the dose is represented by a vulgar fraction, of which "21" is the denominator, and the child's age itself the numerator. In the same way, for persons above 60 *that* figure is to be the numerator, and the patient's age the denominator. For example: For children of 3, 7, and 14 the dose would be respectively $^{3}/_{21}$ $^{7}/_{21}$ $^{14}/_{21}$ of the full adult dose. For persons above 60, say, 75, 84, and 90, the dose would be $^{60}/_{75}$ $^{60}/_{84}$ and $^{60}/_{90}$ respectively of the full dose.

USEFUL FORMULÆ.

The following are taken from the *College and Clinical Record*:

STYPTIC DISCS (*Notes on New Remedies*) may be prepared by steeping blotting paper in an alcoholic solution of tannic acid (45 grains to f℥j absolute alcohol), drying, cutting into small pieces, and applying to bleeding points.

FALLING OFF OF THE HAIR.—A writer in the *Lancet* recommends the following, a little to be rubbed on every night:

℞ Tinct. jaborandi, - - - ℥ss.
Lanolin, - - - - - ℥iij.
Glycerin, - - - - - ℥j.
Mix by the aid of a little soft soap.

FISSURE OF THE NIPPLES.—The *Med. and Surg Reporter* states that the following will allay pain and promote rapid healing:

℞ Salol, - - - - - - - ʒj
Ætheris, - - - - - - ℥j.
Cocain. hydrochlorat., - - - gr.ij.
Collodii, - - - - - - ℥v.—M.

WHOOPING-COUGH.—Dr. J. W. Farlow (*Med. Record*, March 15, 1890) states that a 2% watery solution of resorcin sprayed into the nose, throat and larynx every two hours is a remarkably efficient agent.

ERYSIPELAS.—In the local treatment of erysipelas, Professor Petresco (*Med. News*, March 8, 1890) employs carbolic acid in the following mixture:

℞ Carbolic acid, - - - - - ♏ 14.
Collodion,
Glycerin, - - - - - - aa ℥ 6.—M.

INHALATION IN PULMONARY PHTHISIS.—Professor Petresco, of Bucharest (*Med. News*, March 8, 1890), uses the following:

℞ Eucalyptol,
Oil of turpentine,
Creasote, - - - - - - aa ℥ 3.
Iodoform, - - - - - grs. 7.
Ether, - - - - - - ♏ 75 —M.
To be used in an inhaler.

OZÆNA.—Cozzolino (*La Med. Moderne*, in *Med. News*, March 8, 1890) recommends the following powder for insufflation into the nostrils after the use of the douche:

℞ Salol, - - - - - - grs. 35.
Boric acid, - - - - - " 20.
Salicylic acid, - - - - - " 3½.
Thymic acid, - - - - - " 1¼.
Pulverized talc, - - - - " 100 —M.

ORIGINAL ARTICLES.

INFANTILE CONVULSIONS.

BY I. A. DE ARMAND, M.D., DAVENPORT, IOWA.

In the issue of the REVIEW of May 3, Dr. Dickey takes exception to some general directions, given by Dr. J. Lewis Smith, intended to govern the conduct of a physician when first called to see a case of convulsions. Inasmuch as Dr. Dickey fails to show any good reason why the hot bath ought not to be resorted to, his protest naturally fails to carry much weight with it. Dr. Dickey's plan is somewhat of this order: Use the thermometer; ascertain if scarlet fever or whooping cough are near by; has the child had either of foregoing, or pneumonia, measles or a serious fright? What has it been eating for the past twelve or twenty-four hours? Are there any indications of meningitis or malarial affections?

During a practice of fifteen years I have had a reasonable number of calls to see children in convulsive seizures, and my observation has been that if in any form of sickness a doctor is expected to do something and do it without any delay, it is in convulsions. It is out of the question for a doctor to think of sitting down and interlocuting a mother who is frightened almost to death, about what a child has eaten for the last few meals. Not one mother in twenty can tell what the child has eaten during the last four hours, say nothing of twenty or more. Nor is it necessary that these questions should precede action. From time immemorial the hot bath has been recommended, and why? Because in ninety-nine cases out of every hundred it acts well and in the other one it can do no harm. What causes convulsions anyway? Are they not most generally produced by peripheral irritation, and does not a hot relaxing bath diminish that irritation most wonderfully? Suppose the convulsive seizure is due to intracranial difficulty. Can the hot bath which relaxes the system and soothes the peripheral end of the nerves do harm? It may not have that efficient effect which it has in cases due solely to peripheral irritation but there can be no serious harm done and surely an opportunity is given to ascertain the special cause and address measures to its relief.

Aside from the immediate danger of convulsive seizures they are dangerous because of the tendency to cause permanent injury to the nervous structures. So far as the muscular contortions are concerned it matters little if the child has one or a dozen seizures. It is a cardinal point in therapeutics that convulsive seizures should be cut short as soon as possible. Each succeeding seizure renders succeeding ones more probable because of nervous excitement, and each one renders nervous injury more likely. Then the very first thing to be thought of is to stop the convulsions. How? The hot bath is to be had everywhere. It is effective in a large majority of cases and it is dangerous in none. Then why not use it? Well, the objection largely held is that it is empirical. It does not in all cases correct the trouble or relieve the cause. But that is no argument. We do not hesitate to strap a man with a broken leg to a window shutter, albeit that is no sort of a splint but answers a purpose and saves suffering. The hot bath relieves for a time, at least, peripheral irritation and enables the physician to ascertain the points which will enable him to employ such remedies as the particular case demands.

This course of procedure seems the more rational when it is remembered that in no class of cases is prompt action so generally expected and delay so vigorously condemned by onlookers as in this. This is a class of cases wherein to hesitate is to be lost. It matters not what questions you ask, you must do something or your good intentions will be interpreted to mean ignorance and your slow-but-sure policy will get you in the hot water of popular condemnation.

In addition to the hot bath, which I never fail to order, I have been in the habit of giving the bromide of potash with, I am sure, no harm in any case, and positive good in very many. Very often all the excited nerve centers need is something to soothe irritability and the bromide does that well and easily. A convulsion is but a nervous explosion after all. Constant or violent irritability of a certain kind at the peripheral end of a nerve will in time create such central disturbance as to cause a convulsive seizure. Witness the convulsive seizures of childhood from teeth that erupt slowly. The mere lancing of the offending gum ends all the trouble, for it ends the local and of course the central irritation. Now, if in this case you had given bromide, it and the bath would not have stopped the seizures, but by the relaxing effect of the one and the benumbing effect of the other the seizures would have been staved off until you had located the cause and removed it.

Convulsions must be viewed as symptomatic always, but since they always portend serious mischief no means to curtail their number, severity or continuance should be neglected for any far-fetched reasons of unscientific order.

CLINICAL LECTURE.

THORACIC ANEURYSM.

BY JAMES K. CROOK, M.D.,

Lecturer on Clinical Medicine and Physical Diagnosis, etc.

Delivered at the New York Post-Graduate Medical School, March 28, 1890.

This morning, gentlemen, I have a case of more than usual interest to present to you. Our patient is J. C.,

æt. 50 years, a native of Denmark, and by occupation an engineer on one of our East River ferry boats.

I have exhibited him at the Out-door Department of Bellevue Hospital to a number of young practitioners, but none of them came to a conclusion with reference to the diagnosis of the case. This morning we will go over him together very carefully and see if we can not satisfy ourselves on this point. Following a custom which I firmly believe in and always endeavor to adhere to, I will allow our patient to narrate his own history of the case in the presence of the class, only interposing a question or supplying an explanation when it seems to be called for. After proceeding in a very careful manner we gain the following important facts: About one year ago the patient found on lying down to sleep that he would be troubled with a sticking sensation which seemed to proceed through his body both from the middle of his chest in front and from his back between the shoulders. This sticking soon interfered so much with his rest that he found it necessary to place two or three pillows under his shoulders in order to sleep. This he has been obliged to continue eves since. Soon after the appearance of the sticking sensation a harassing dry cough set in; very soon the cough was attended by a certain amount of glairy mucus and from time to time was stained with blood. This symptom has also persisted and the patient states that recently the blood has greatly increased in quantity. For the past two or three months he has been unable to do his work as well as he once did. He feels an almost constant sensation of uneasiness in his chest and finds himself very short of breath in walking fast, going upstairs, etc. The pain in the chest has recently been almost continuous. The foregoing are the only positive symptoms the patient has. Negatively we find that he has lost no flesh to speak of. His appetite is quite fair, his digestion seems to be undisturbed, his voice is unchanged, and the pupils are symmetrical and apparently normal in size. He sweats occasionally at night but considers this to be natural. He has never used tobacco or alcoholic stimulants to excess. About twenty-five years ago he had a chancre but it was never followed by any of the constitutional symptoms or signs of secondary or tertiary syphilis. He had a mild attack of articular rheumatism in his hips and knees eighteen years ago which did not lay him up long. Beyond this he has never had a day's illness since childhood that he can remember. Now this history, while pointing to the chest as the seat of this man's disease, leaves us in the dark as to its exact nature. We can enlighten ourselves by a careful physical examination only, and this we will now proceed with in as systematic a manner as possible. On inspection we find no evidence of emaciation. Our patient has the appearance of a stout, robust man in middle life. His respiratory movements are quiet, regular and symmetrical, though possibly a little quickened. One slight irregularity in his chest, however, catches my eye. If you will observe closely, especially from a lateral point of view, you will notice a certain circumscribed prominence of the inner extremity of the ribs and costal cartilages at the upper part of the thorax to the right of the sternum. This prominence might easily escape a casual inspection. When I perform palpation I find a complete absence of vocal fremitus over this elevation and in its immediate vicinity. In other parts of the chest it seems to be normal. On laying my right hand over the prominence and my left over a corresponding point on the dorsal aspect of the thorax and making firm pressure I elicit a distinct sense of pulsation or throbbing which is expansile in character. This can hardly be made out by ordinary palpation. The apex of the heart is lowered and carried somewhat to the left of the normal position and the organ is beating at the rate of 108 to the minute. This quick action may be partially due to the excitement of the examination. The heart is regular and there is no appreciable difference between the radial pulsations of the two sides. The pulse is quite full and compressible. I find the percussion note over the chest to be normal except at the site of the afore-mentioned irregularity, where it is distinctly dull, even approaching to flatness. This dullness extends from about the second right rib down to the fourth, and from the middle of the sternum to a point 2 or 2½ inches to the right. As well as I can determine the percussion line of dullness is of an elliptical shape with the long diameter extending from above downward and slightly from left to right. Auscultation over the dull area shows the presence of both cardiac sounds, the first especially being considerably exaggerated in intensity. There is also a slight bruit accompanying but not masking this sound. We find a total absence of vocal and respiratory sounds in this vicinity. On auscultating the heart I find a systolic murmur at the apex and propagated to the left, which means regurgitation at the mitral orifice. There are no auscultatory evidences whatever of lung trouble. This completes our examination, both subjective and objective. Are the symptoms and physical signs presented sufficiently comprehensive to warrant us in making a diagnosis? In my opinion they are. I have no hesitation in expressing the positive opinion that our patient has an aneurysmal dilatation of the great aorta. This diagnosis is arrived at partially by excluding other conditions which resemble aneurysm, as we have by no means a typical case. According to our text-books such a case would number among its symptomatic phenomena and physical signs excessive local pain, a loud clanging cough, dysphagia or painful deglutition, modification or loss of the voice, dilatation or contraction of the pupils, a pronounced expansile pulsation and thrill on palpation, dullness on percussion and probably a loud single or double bruit over the tumor. Some of these evidences of aneurysm are absent but we still have sufficient to sustain us in our diagnosis. About the only conditions with which we would be likely to confound it are: 1. Local consolidation of the lung as in pneumonia or phthisis. 2. A mediastinal solid or cancerous tumor. 3. A circumscribed pulsating empy-

æma. The first condition is readily excluded by the absence of almost all the common well known physical signs of pulmonary consolidation and by the presence of pulsation. Tumors of the mediastinum have many physical features in common with aortic aneurysm. If one should lie over a great blood vessel there will even be pulsation present, but it is not of the distensile character of aneurysmal pulsation and the cardiac sounds over the tumor are apt to be obscured. We never find a bruit or thrill over a mediastinal growth. Again, the mode of development of aneurysm, its much greater frequency and its effects upon the pulse are points of importance in the diagnosis. The sphygmographic tracings of the two affections are also totally different. Aneurysm gives a sloping upstroke and the percussion wave is not well marked, whereas mediastinal tumors never give a sloping upstroke and the percussion wave is almost invariably well marked. As for empyæma we may say that it is seldom sacculated and when it is it rarely occurs in the region of the present tumor, and then the history and symptoms of empyæma are quite different from those presented by our patient. Personally, therefore, I feel no doubt that we have a clear case of aneurysm of the great aorta. Judging from its position and shape and the fact that there is no appreciable difference in the radial pulsations I should say that the aneurysm is of the sacculated variety and that it is situated in the ascending part of the arch at a point anterior to the going off of the first great branch. The sacculation probably extends to the right of the vessel and downward, as shown by the line of dullness. The pain he complains of is undoubtedly due to the stretching of the nerve filaments in the arterial coats as the tumor is hardly large enough to cause the constant gnawing pain produced by erosion of the sternum and ribs in advanced cases. The shortness of breath and sanguineous sputum are probably caused by the encroachment of the dilatation on the bronchial tubes and pulmonary tissue. The accompanying cardiac complication may also be partially responsible for these symptoms. Owing to the absence of laryngeal and pupillary symptoms it is safe to assume that the recurrent laryngeal and cilio spinal nerves are not so far interfered with by the enlargement. With reference to the cause of this man's trouble we can not speak with certainty. He gives a history rather suspicious of syphilis and he states that he has had articular rheumatism. Both of these diseases, as we know, sometimes lead to degenerative changes in the arterial walls. From the fact that there is some cardiac hypertrophy as well as a mitral regurgitant murmur it is reasonable to assume that he probably had an endocarditis at the time of the rheumatic attack. It is therefore not unlikely that the entire trouble is a sequel of that disease. With reference to the prognosis we may say that it is very grave, both with reference to immediate danger and to any considerable prolongation of life. Seventy-five per cent of such cases die within two years and probably more than half within one year. The disease most commonly terminates by rupture of the sac, which may take place in one of several situations, as into the right side of the heart or pericardum, the right pleura or the lung or, if it advances far, even externally. Wherever rupture may occur a fatal termination will speedily ensue. Death will occasionally result from starvation due to pressure of the tumor on the œsophages or thoracic duct. In some cases the pain and distress wrought by the pressure of the tumor will lead to death from exhaustion. In some instances, and these are unfortunately very rare, spontaneous solidification of the blood by coagulation will take place within the sac. It is the end and aim of all methods of treatment to bring about this desirable result, as a cure can be effected in no other way. By this solidification all danger of increase in size and rupture is obviated. You will find a detailed account of the various artificial methods of producing this coagulation in treatises on the subject. To-day I can only mention some of the more prominent and commonly employed. The means devised have been 1st, mechanical and 2d, the employment of medicines. The introduction of fine wire into the sac has been advocated but it is now abandoned as a useless and even dangerous procedure. Pressure either by the fingers or by instruments is a method of some value in positions where the vessel can be reached, as in abdominal aneurysms, but of course it is not practicable in our present case. The method of starvation recommended by Hippocrates and later by Valsalva and others, has been more recently elaborated by Tufnell. The idea in this treatment is to make the blood more coagulable by rendering it less watery and richer in fibrin. Tufnell recommends absolute rest in bed, a restricted diet and the use of certain medicines. He requires his patients to be confined for a period of not less than ten weeks. This part of Tufnell's treatment is seldom practicable. In the case we have this morning I have recommended a cessation of all active exercise or exertion. The bowels have been kept as regular as possible, a rather light diet has been advised and opiates in very small quantities have been administered to allay the pain and procure sleep. I have administered the iodide of potassium in 20 grain doses four times a day combined with gentian and cinchona. This remedy was originally recommended by Bouilland in 1859, and there can be no doubt that it slows the current of blood by its sedative action on the heart and by its diminution of the tension of the arterial walls. The symptoms in this patient have certainly been modified to a considerable extent by this treatment, which has been kept up for three weeks past. He states that the pain is not so severe, he sleeps better, the cough is not so irritating and the amount of pulsation is much lessened. How long this improvement will continue it is impossible to say. Well authenticated cases of cure by the iodide are on record and we will give our patient the benefit of the hope that such will be the result here.

Veratrum viride, ergot and other remedies are occasionally used, but little success seems to have attended

their employment. The same may be said of electrolysis or the decomposition of the blood in the sac by electricity. Surgical procedures are entirely inapplicable in aneurysm of the thoracic aorta.

Later.—April 22. It may be of interest to readers of the REVIEW to know that up to the present date there has been no augmentation but even some abatement in the symptoms. During the past week the patient has been able to sleep quite comfortably in a semi-recumbent position and the severe sticking pain is mitigated both in constancy and severity. No other treatment has been employed, save that outlined above, viz.: Careful attention to diet and daily habits, an occasional opiate and the uninterrupted use of the iodide of potassium. No toxic effects of iodism have been manifested so far.

REPORT ON PROGRESS.

OBSTETRICS.

BY E. MUELLER, M.D., ST. LOUIS, MO.

RETENTION OF THE FŒTUS IN UTERO; ABSENCE OF LABOR; LAPAROTOMY.

The case was reported by Dr. A. Herrgott, of Nancy, to the Academy of Medicine of Paris (*Bull. de L'Academ. de Med.*). The patient, awoman æt. 33 years, was pregnant the second time; had a normal labor in 1874; last menstruation July 14, 1888. On August 20, vesical tenesmus with partial retention of urine manifested itself. August 24 micturition became impossible and the catheter had to be used for the next two months. During this time the patient experienced sharp pains in the abdomen, accompanied by vomiting and difficulty in defecation. The pains were intermittent and not aggravated by pressure In September retroversion of a pregnant uterus was diagnosed. About the middle of October the urinary difficulties disappeared, and the abdomen began to enlarge, but in an irregular way. One tumor occupied the median line and rapidly increased, until it reached the umbilicus; another tumor was grrowing in the right flank. In January the patient felt the movements of the fœtus in the right hypochondrium. About the middle of February, after an attrck of vomiting and abdominal pain, fœtal movements diminished, and about March 10 they ceased altogether. On examination the tumor growing in the median line was found to be hard and irregular, and seemed to be surrounded by two small tumors about the size of an egg. The tumor which occupied the right side extended to near the border of the false ribs, and was not as hard as the other. Douglas' pouch was distended by a hard mass of a fibrous consistence, occupying the upper half of the pelvic cavity. The os was out of reach of the examining finger.

The diagnosis was now made of a fibroid tumor growing in the left lower part of the uterus, with the fœtus developing in one horn of a uterus bicornis. On April 6, a small quantity of a clear fluid escaped. From April 9 to 24 there was a discharge of a reddish liquid; some small membranous fragments were also expelled. Meanwhile the breasts enlarged and milk escaped from them on pressure. On April 27, 287 days after the last menstruation, the circumference of the abdomen had diminished from 112 to 98 centimeters. Serious symptoms appearing again, the fœtus presenting signs of putrefaction, it became necessary to relieve the patient at any risk. Laparotomy was done on May 13, 1889, the fœtus was extracted, and the cavity washed out with a saturated solution of beta-naphthol. On closer examination the walls of the cavity were recognized as those of the uterus, and the case proved to be one of normal intra uterine pregnancy, complicated by a uterine fibroid. No uterine contractions took place, and the placenta, which was attached to the left side, was completely adherent. The edges of the uterine incision were sutured to those of the abdominal wound, and the placenta left in situ. Drainage tubes were inserted, the uterine cavity washed out from four to six times a day with a naphthol solution (beta naphthol, 40 centigrams, alcohol 10 grams, distilled water one liter), a certain quantity of which was left in the uterus to keep the placenta constantly bathed in the solution. Detachment of the placenta began on June 3, and was complete on June 14. Drainage and the injections were continued until June 30. On July 18 complete cicatrization had taken place. The fibroid tumor became softer and diminished very much in size, corresponding with the diminution in size of the uterus, so that about the last of July it could be outlined only with great difficulty.

M. Charpentier, who reviews the communication at considerable length, was unable to find in medical literature a case analogous to that reported by Dr. Herrgott. There was complete absence of the phenomena of labor, although pregnancy was prolonged beyond the normal period, and a dead fœtus was retained in the uterus for nearly two months.

DYSTOCIA DUE TO INFLAMMATORY PELVIC INDURATION.

Dr. Felsenreich reports this case in *Wiener Med. Woch.* (*Schmidt's Jahrb.*). The patient had suffered from left pelvic inflammation off and on for three years following her first confinement. She finally recovered sufficiently to become pregnant a second time. Labor occurring at term, the head was prevented from entering the otherwise normal pelvis by the indurations and masses of exudate, the result of the long continued pelvic inflammation. The os was situated high up, and the exudate extended as far as the indurated left wall of the cervix, displacing it to the right. Although the patient had strong labor pains, dilatation of the os was very incomplete, and there was danger of rupture from further delay. As the diameter of the inlet

was diminished only about one-third by the exudate, craniotomy was performed, and the fœtus carefully extracted, which was accomplished without rupturing the cervix. The child had perished at the beginning of labor; a pulseless loop of cord was found in the vagina after the escape of the amniotic fluid. Involution progressed very slowly, but there was a steady decrease in size of the exudate, which almost completely disappeared after further treatment, so that in the course of several months the uterus had returned to its normal size, and was tolerably movable. The patient experienced only slight inconvenience from the remaining scars.

Felsenreich recommends, with P. Mueller, to allow the pregnancy to proceed to term in cases where not more than one-third of the pelvic cavity is occupied by the exudation tumor, but to induce abortion if the tumor occupies one-half of the pelvic cavity.

The Time Element in Saving the Perineum.

In a paper read by Dr. R. L. Dickinson, of Brooklyn, before the medical society of the State of New York (*N. Y. Med. Jour.*), he lays great stress on the importance of delay in delivering the head, by means of chloroform and manual restraint. If 20 to 30 minutes were insured for the distention of the vulva, injury would rarely occur. Experiments on the cadaver showed that tissue would stand about a third more weight and stretching if the force was gradually applied. The skin of fat patients gave way easier and stretched less than that of lean individuals. Between the ages of 18 and 20 the skin was twice as yielding as between 30 and 35. The order of giving way was, 1, adipose tissue, 2, fascia, 3, muscle, and 4, skin. When a double layer was distended from within, the inner surface ruptured first. From tabulated cases it was demonstrated that the percentage of lacerations could be considerably reduced, by allowing from 20 to 30 minutes to shell out the head.

During the discussion of the paper, Dr. H. C. Coe said that too much stress was laid upon the preservation of the perineal body; that the perineum might appear to be perfectly intact, and yet it would be found that the support was absent. There was no tear in the skin, mucous membrane or perineal body, but the mischief lay in the pelvic floor itself.

Dr. Emmet said there was no better way to insure an injury to the perineum than applying pressure. In a supposed laceration of the perineum the injury was almost entirely in the fascia, and not in the muscles. In an ordinary case of labor the vaginal opening was enlarged by the stretching of the fascia, forming a sulcus on each side; just in proportion as the parts were pushed back toward the coccyx would the vagina open. When rupture took place under ordinary circumstances the damage was done long before the head reached the perineum. Under normal conditions the tear always took place from before backward, the reverse being the case when the forceps was employed. He had seen a number of cases where the child had ripped through into the rectum, leaving the fourchette perfect, to be cut by a pair of forceps.

Dr. Grandin indorsed Dr. Dickinson's views. It was best to let the head have time to come down and give the occiput a chance to engage under the symphysis, and then administer chloroform and let the head expand the vulva; this was almost sure to save the perineum from rupture.

An Unusual Accident During Forceps Delivery.

Dr. Hance, during a discussion on dystocia due to contracted pelvis, reported this case to the Obstetrical Society of New York (*Am. Jour. Obstet.*, etc.). The amount of force used during extraction was not greater than is generally used in high forceps cases. The patient, a young primipara, had contraction of the pelvis, although not to a marked degree, yet sufficiently so not to permit the head to engage. Traction with the forceps having been made for about 10 minutes, suddenly something was heard to snap. Afterwards the child's head came down, and it was delivered alive. It weighed about 9 pounds, the head was well formed, the bones tolerably hard. The woman had pretty severe hæmorrhage, due to laceration around the clitoris and anterior portion of the vagina, which was controlled only by plugging with iodoform gauze and cotton, and digital compression. She died about 30 hours later. On vaginal examination after death it was found that there had been a separation of the symphysis of from $1\frac{1}{2}$ to 2 inches, and that the traction and pressure of the bladder had been such as to cause excessive bleeding into the peritoneal cavity.

Electricity in Extra-Uterine Pregnancy.

From an analysis of 50 cases of extra-uterine pregnancy, treated by electricity, and collected by Dr. H. Brothers (*Amer. Jour. of Obstet.*), from published reports and private correspondence, he believes he is justified in drawing the following conclusions in regard to the use of electricity in extra-uterine pregnancy.

1. The risk of rupturing the sac of an extra-uterine pregnancy and causing death by internal hæmorrhage is slight. In but one case has this possibly occurred, but the reporter himself thought that the damage existed prior to the employment of the electricity.

2. Suppuration of the dead fœtal mass has not occurred in any case in which electricity was employed before the third month.

3. Beyond the third, or possibly fourth, month electricity should not be resorted to.

4. Electro-puncture is to be condemned in all cases.

5. In cases of mistaken diagnosis no harm is done by the electrical treatment.

6. Under galvanism or faradism, early extra-uterine pregnancies can be checked in their growth and caused

to disappear entirely, or to become shriveled up. These remaining masses have thus far caused no subsequent trouble. (Twenty-five cases have been observed for periods ranging between one and eight years after the employment of electricity.)

A Case of Retro-Uterine Tubal Pregnancy, Causing Complete Obstruction of the Bowels.

Dr. H. D. V. Pratt, Jr., of Elmira, N. Y., reported this case to the medical society of the State of New York (*N. Y. Med. Jour.*). The patient, the mother of one child, had menstruated regularly, the last time on Oct. 15, 1888. After this there was no menstrual flow until December 25. She suffered from occasional colicky pains in the lower part of the abdomen, and a gradually increasing difficulty in defecation developed; symptoms of obstruction became so marked that in the latter part of March, 1889, just before the operation, the bowels had not moved for thirteen days. Physical examination showed the abdomen enlarged and distended, the portion below the umbilicus being hard and unyielding. A distinct tumor could be felt, reaching nearly to the umbilicus on the right side, but not quite as high on the left side. A large mass bulged into the vagina, completely filling the pelvic cavity, and crowding the os uteri high above the symphysis.

The diagnosis of extra-uterine pregnancy having been arrived at, an incision with a Paquelin cautery was made through the posterior vaginal wall, commencing from a point an inch below and behind the os uteri, extending backward and downward an inch and a half in the median line. The thickened walls of the vagina were slowly burned through, when there was a gush of several ounces of amber colored fluid, and a little hand dropped through the opening. The incision was enlarged, two fingers passed, and the fœtus gently turned and extracted through the opening. The cavity was plugged and the bleeding checked. The patient was with the utmost difficulty resuscitated from complete collapse. The placenta came away piecemeal during daily douching, and the plugs were removed 80 hours after the operation, previous attempts to remove them having resulted in fresh bleeding. The walls of the cyst were adherent on all sides. At the point of greatest attachment of the placenta a recto-cysto-vaginal fistula was found; this healed spontaneously in three weeks. With great care and constant attention to details, the patient finally recovered.

An Old Physician.—Dr. Isidore Labatut, who is supposed to be the oldest physician in the South, if not in the United States, recently celebrated his ninty-seventh birthday. He was born in New Orleans and received his medical education in Paris. He entered the French Army and served as surgeon at the battle of Waterloo. After the fall of the Empire he returned to New Orleans, and has practiced there ever since.

TRANSLATION.

IMPOTENCE IN THE MALE, AND ITS TREATMENT.[1]

BY DR. LEOPOLD CASPER, OF BERLIN.

Translated by Wm. N. Beggs, A.B., M.D., St. Louis.

[CONTINUED.]

The following is an extremely peculiar case of perverse sexual feeling:

"In the year 1888 a student of law consulted me on account of pollutions and sexual impotence. The patient a tall, strong young man, stated that he had had pollutions since his fourteenth year. After some discussion he confessed that for some years before this he had also masturbated. Several years ago he had had a paralytic attack of which traces were still to be found; a slight paresis of the left facialis is still noticeable.

"The patient complained that he suffered greatly from pollutions and was not in the least susceptible to women. His memory was impaired, work was distasteful, and he had pessimistic views. The pollutions occurred usually once a week, accompanied now and then with erections but without any sensual feeling. He had no knowledge of a sexual impetus toward women, such as other men had, but, on the other hand, had a voluptuous sensation on performing an exceedingly peculiar manipulation. This consisted in causing the veins of the arm and hand to swell by constricting them. The observation of this phenomenon, the self-perception of the blood-vessels, caused in him sensual excitement. An erection would take place, but very seldom an ejaculation. The patient recognized the abnormality of his conceptions, but in spite of most industrious efforts could not free himself from them.

The condition of the patient, whom I lately saw, is unchanged. By means of indefatigable energy he has so far succeeded in banishing these perverse thoughts that they very seldom appear. When they do come, however, they now have, as formerly, the same power of causing an orgasm."

Here I will add the history of a case in which the perverse impetus had for its object a portion of the female toilette, and which is especially noteworthy on account of the success of the treatment. It shows how a strong will, combined with proper therapeutic measures, even in the case of a not very intelligent man, is able to return an abnormal impetus again to its natural course.

Hammond gives the following report of the case:

"The patient, a man somewhere about twenty-four years of age, was a member of a highly neurotic family. One uncle on his mother's side had died in an asylum, and his grandfather on his father's side had also died insane. One sister was subject to epilepsy and another

[1]For Parts I., II. and III., see Review of April 26, May 3 and May 10.

to severe attacks of migraine. His father and mother, though both very excitable and impressionable, were, as far as known, free from disease. While cutting his teeth he had had two or three convulsions, but had passed through the period of dentition without further trouble.

"When about seven years of age, a woman employed in the family as a servant taught him masturbation, and endeavored very frequently to cause him to have sexual intercourse with her. Upon one occasion she had practised friction on his penis with her foot without taking off her shoe, and this was the first time he had derived any pleasure from her manœuvres. But from this time on, the sight of a woman's shoe caused sexual excitement and erections and in a short time the mere idea of the object was sufficient for the purpose in question. After a time, however, when he had learned masturbation, he used to practice the act, while his whole mind was fixed on images of women's shoes of all kinds, and in all positions about him. There was scarcely a night, after he became eight or nine years of age, that he did not bring about the sexual orgasm by mental concentration. His school teacher was a woman, and while at school he was constantly endeavoring to get a look at her shoes and thus procure for himself sexual pleasure. Girls attended the school, but their shoes did not have the effect upon him that those of a woman did. It appeared, too, that the fact that the shoes were concealed by the long dress worn by a woman had something to do with the effect upon his sexual feelings:

"One day, while at school, and the teacher was sitting on a raised platform at the farther end of the room, the idea occurred to him that his sexual pleasure would be greater if he could hold one of her shoes in his hand for a moment. He acted on the idea at once, and going to where his teacher was seated, fell down on his knees, seized one of her shoes, and at once experienced greater pleasure than he had yet felt. At the moment of touching it the orgasm began. For this act, which was not understood, but was supposed to be a kind of insubordination, he was severely punished. This did not deter him, however, from repeating the perform ance the next day, with a like result, both as regards the orgasm and the flogging. He did not care for the latter. On the contrary, it prolonged his pleasure.

"But ere long the fact was recognized that something was wrong with him, and the teacher laid the matter before his parents. When asked why he had acted in such a disorderly manner at school he simply replied that he could not help it, but gave no further explanation of his conduct. The result was that he was removed from that school and sent to another kept by a man.

"Although the material means of excitement were removed, he formed mental images of the other school, of the teacher at the end of the room, and of his going down on his knees, seizing her shoe and experiencing the sexual orgasm. The remembrance was generally, though not always, sufficient to cause excitement, erections, and sometimes the orgasm. He had frequently, when the excitement had been high, and especially when he seized one of his teacher's shoes, had emissions, but at about his fourteenth year they generally, though not always, occurred during the orgasm. To produce this he had only to practice friction of the glans while he thought of a woman's shoe; but about this time the idea was conceived that if he used such an article for masturbatory purposes, the pleasure would be increased. He therefore took a shoe surreptitiously from a drawer in which one of the female servants kept her clothing, and made use of it in the manner which had suggested itself to him.

"This act gave him greater pleasure than any which he had yet performed, and, thereafter formed his only method of producing the sexual orgasm. Then he varied the enjoyment and at the same time augmented it, by using a different shoe each time. To get them, he had to resort to theft, but, generally he returned them to their proper places, after they had served his purpose. Some young female friends of his sisters, who were at the time paying them a visit, unknowingly contributed to his libidinous desires, by his taking their shoes, which he often did at night, by entering their rooms while they were asleep.

"In all this time, he had never experienced the least sexual excitement, by thoughts of women, or by the sight of them in a greater or less approach to complete nudity. Pictures of naked women, of their genital organs, or of men and women in the act of sexual intercourse, such as, in some schools, pass from boy to boy, never gave him any other feeling than one of intense disgust. It never occurred to him to think of the act of sexual intercourse, and no woman had ever caused him the slightest degree of amorous feeling. Nothing roused in him any sexual sensations, but the thought, the sight, or the use of a woman's shoe.

"When about eighteen years of age, he began a shopkeeping business in a small town, and among other things kept women's shoet for sale. Here he derived great pleasure from fitting shoes on the women who patronized him, and in handling the shoes they had worn. Often he would experience the sexual orgasm while thus engaged, but nothing gave such intensely voluptuous sensations as the use of the shoe in masturbation.

"Strange as it may seem, he had, as yet, no idea that he was doing anything specially degrading or wrong in acting as he did, or that he was injuring his health; but shortly after going into business, and while fitting a shoe on a young woman, during which he had a strong erection but no orgasm, he suddenly lost consciousness, and had a severe epileptic paroxysm.

"A few days afterward, while engaged in masturbating in his usual manner, he had, immediately after the orgasm, another seizure, much more severe than the first, during which he bit his tongue severely, and bruised his face in falling, so that he was marked for several days. Becoming seriously alarmed, he determ-

ined to make every effor to stop his disgusting practices. This was hard work at first, and there were many relapses, but, finally, he succeeded to such an extent that he would go several weeks—on one occasion four months—without ever masturbating. He never, however, was able to prevent sexual excitement and erections at the sight of a woman's shoe, or the thought of it. He gave up fitting women with shoes; but, whenever one came into his shop to look at shoes he experienced the usual manifestations of the idea. At last he gave up this department of the business, and began to turn his attention still more strenously to the purpose of getting rid of the association, in his mind, between women's shoes and the genesic function.

"But now a new phenomonon made its appearance. He had never, to his knowledge, had a nocturnal emission; probably owing to the fact that he had practised masturbation so often that there was no excitability to be provoked. Occasionally, he had dreamed of women's shoes, but the dream had, so far as he knew, never produced an emission. Now, however, with the stoppage of the voluntary excitation, a change in this respect has ensued, and almost every night he had vivid dreams of the exciting objects, accompanied by ejaculations of semen. He, therefore, reached the conclusion that his efforts had all come to naught, and he was strengthened in this conviction by the fact that had had several nocturnal epilectic convulsions, at least, so he supposed, and there could be no doubt about the matter, from the fact that several times, on awakening, he had found his tongue sore from the wounds he had given it with his teeth, and blood-stained spots on the pillow.

"Although, as I have said, he had never had the slightest sexual feeling toward women, or even associa ted with them, he determined to marry, in the hope that, by this means, he might be cured of his troubles. He, accordingly, after a short acquaintance, made matrimonial proposals to a young woman of attractive appearanca, and shortly afterward was married. He found, however, to his dismay, that he was impotent, so far as regarded normal physiological intercourse. If he thought of his wife's shoes he had an erection, but as soon as he made the attempt at intercourse the penis became flaccid, and entrance was impossible. A whole week was passed, night after night, in fruitless attempts to consummate the marriage, and then he decided to obtain advice. He came to me and, with great frankness, gave me the full history of his case, as I have stated it.

"Upon examination I found the genital organs well formed and in every respect natural. He stated that every night since his marriage he had had a noctural emission, but that at every attempt to effect entrance the erection, however strong, had at once gone down, and he had failed. On two occasions emissions had occurred through the effect of his imagination, and before he could place himself in position, but they were from thoughts of women's shoes, and not from any natural excitation. The very idea of sexual intercourse, or even sleeping in the same bed with a woman was unpleasant, and no blandishment of his wife had the slightest effect in causing desire, unless he thought of the usual objects; then erection occurred, but the diversion of the thoughts in another direction at once led to its dissipation. By no effort of his will could he continue to think of the shoes and of the act to be performed at the same time.

"I suggested to him that he should hang one of his wife's shoes at the head of the bed, and keep it in sight while he made the effort at intercourse, and continue to do so until he had become habituated to his new relation. I also advised that he should keep his thoughts as much on his wife, and to try to imagine her conversion into a woman's shoe. At the same time I prescribed the bromide of sodium, to be taken in doses of 15 grains, three times a day. I gave this as much for the relief of his epileptic condition as for anything else, though I was not unmindful of its power to lessen erethism of the sexual organs as well as of the brain. With instructions to continue this plan of treatment for ten days, and then to return to me for further observation, I dismissed him.

"At the expiration of the period named he again presented himself, and I knew as soon as I saw his face that there was some success. In the first place, he had had no epileptic attack, and in the next, and what he considered the most important, he had twice succeeded in having intercourse. He had gone somewhat farther than I had advised, and had taken his wife into his confidence relative to the influence of women's shoes in causing sexual excitement and erection. I scarcely believe he told her the whole story, but he revealed enough to excite her sympathy, and to procure her assistance, and the result was as I have stated. After this he had very little trouble, though occasionally he would fail. His wife became pregnant, but the child was still born at the eighth month. There has been no subsequent pregnancy, though he tells me he has intercourse about once in ten days. He still has to think about women's shoes, but is confident that he is growing indifferent to that species of sexual excitation. He is still obliged to take the bromide for his epilepsy, though a nightly dose of thirty grains suffices to prevent the attacks. If he stops for longer than a week he is certain to have a paroxysm. He will, probably, have to take it during the rest of his life."

These examples show us patients who satisfied their sexual desires by simple observations or conception of lifeless objects, then by perverse manipulations of their own persons. Here belong further those cases in which individuals seek to obtain satisfaction of their sensual feelings in perverse conduct with persons of the other sex, with persons of the same sex, and finally with animals.

The perverse actions which are carried out with persons of the other sex are simply exaggerations of the perverse ideas upon which the thoughts of the subject regarding persons of the other sex are concentrated. As

in the case just reported sexual pleasures were called forth by the observation of women's shoe; so in other cases it is perverse conduct, generally of repulsive or cruel nature, which arouse the genital centers. Here must be assigned the acts of cruelty performed for the satisfaction of sexual desires, the deeds of the so-called sensual murderers, girl stabbers and girl cutters.

Von Gyurkovechky[27] describes the following case belonging to this class:

"The mother of the destitute 14 year-old boy B., noticed that the body of her son, especially the arms, back and thighs were covered with blue spots. After persistent questioning, the boy confessed that his friend, P., æt. 15 years, the child of a renowned and wealthy family, had bribed him with money to allow himself to be severely pinched. As the pains became too severe for the little martyr, he began to weep and scream, at which his torturer became much excited and beat his victim with his right hand, while he actively moved his left hand to and fro in his trowser's pocket. When the cruel child was later presented to me I learned that he was subject to epileptic attacks, was in general an honest, quiet, talented child, but was at times very disobedient, stubborn and choleric. He acknowledged to me in a private interview that the maltreatment of his friend, whom he liked very well, however, had given him special pleasure, and that the ejaculation, for he masturbated during this treatment, was much more pleasant than if he had simply masturbated. His grandfather and an uncle on his mother's side had died in an insane asylum. His mother suffers from hysteria, his father is a well known hard liver, and two sisters died of fraisen in infancy."

The principal form of perverse sexual feeling, however, is love for the same sex. Here we enter a field over which the judge, rather than the physician, rules; but the treatment of mental deficiency which falls to the physician includes not only bodily, but also psychical relations, and pederasty is to be considered as a mental aberration. Therefore I must briefly discuss this subject.

Often it is the impossibility of satisfying sexual desires in the natural way which makes pederasts out of normal men. Therefore it is no wonder that this vice is especially found in closed and guarded institutes, such as boarding shools, cloisters, prisons and ships. Less frequently married people indulge in pederasty to avoid the after results of coition; and still less frequently is the tendency toward pederasty congenital; it is generally acquired from the causes mentioned.

It is noteworthy that the tendency to pederasty is generally found in elderly people. They are generally old roues, whose appreciation of natural stimulation is deadened. They find no satisfaction in normal sexual intercourse, and sink lowerand lower morally until finally they can derive pleasure from the repulsive vice of pederasty only.

For these latter there is naturally no chance of cure at the hands of a physician; in congenital or accidentally acquired tendency toward pederasty, however, cases of improvement and cure have been reported.

An interesting case of this, reported by Hammond, may serve for illustration:

"In another case the patient, a young man, æt. 28 years, consulted me for pederastic tendencies to which he was subject, and to which he had repeatedly yielded, though always afterward experiencing the most intense feelings of remorse. He had never had sexual intercourse with women, nor had he desire in that way. He had attempted it repeatedly, in order that he might, by success, be diverted from his pederastic inclinations, but had never succeeded. No excitation in connection with women caused him any sexual excitement. He was absolutely impotent with them.

"This patient was of a different type from the other. He was well educated, had traveled extensively, and had ample means at his command. His family was of the highest respectability. All these circumstances increased the deep sorrow he felt at the tendencies which, in the most unaccountable manner, had developed in him, and which had produced in him a feeling of the most profound melancholy.

"The origin of the impulse was sudden, and occurred when he was about 12 years of age. He had been severely flogged at school for some boyish offence, and soon afterward experienced in the sexual organs sensations which he had never felt before, accompanied by an erection which lasted fully half an hour. That afternoon he went into a river near by to bathe, in company with another boy, and, while in the water, he swam with his hands resting on the other boy's shoulders. He had often done this before without having any sexual excitement provoked, but upon this occasion his penis came in contact with the gluteal region of his companion, and, instantly, he felt just such sensations as he had experienced when he had been flogged, and, like then, accompanied by an erection. They were close to shore, and before he knew what he was doing, he was performing a pederastic act. From this time on, while at school, he continued the practice, sometimes acting as the passive, but generally as the active agent. When he left school he stopped for a long time, having become aware of the iniquity of his proceedings, but the sight of a naked man, or even the pictures or statues of such men, were sufficient to cause sexual excitement, but not reaching to the point of emissions.

"While at college he studied hard, and during the four years of his attendance never once yielded to his inclination. He, however, frequently practised masturbation, and during the act always directed his mind toward the subject of the gluteal region of man, of naked men, and images of men committing pederasty. There was scarcely a night that he did not commit self-pollution. Nocturnal emissions, also, were common, and were always accompanied by lascivious dreams, of which pederastic acts were the principal feature.

"All this injured his mind and weakened his generative organs. He cursed himself for his inability to re-

frain, and for the unnatural course which his sexual desires took. Several times he had attempted to turn them toward women, but in vain. They were absolutely incapable of rousing in him the least venereal excitement. He read romances of an indecent character, in which women were made to act lascivious parts; he bought obscene pictures and looked at them, hoping by these means to provoke a natural desire; but he was absolutely dead to all excitations of the kind. These things disgusted him, and, as he said, when he saw several naked prositutes in obscene positions, he had a feeling of nausea that almost ended in vomiting. The society of virtuous women he could not bring himself to seek, on account of the sense of his utter unfitness, by reason of this moral turpitude, for such associations. He was fast becoming morbid and full of eccentric no tions relating to sexuality. For instance, he spent the whole of one evening drawing the gluteal regions of the great men of the world, and imagining that he was having pederastic relations with them.

"Soon after leaving college, while stopping at a hotel in this city, a telegraphic message arrived for him in the evening just as he had undressed and was going to bed. The bell-boy of the hotel, who brought it to him, was a rather handsome lad, and excited the desires of the patient to an inordinate degree. He offered him a considerable sum of money to remain with him all night, and without much persuasion, consent was obtained. He had never experienced such intense venereal excitement as he did that night, and he committed pederasty eleven times before morning. His remorse over this was very great and his physical suffering excessive. He could not walk for several days; had constant headache, and could not sleep. He sent for an ounce of laudanum intending to take the whole of it, but on reflection, contented himself with a little less than a teaspoonful. This gave him sleep and some measure of relief from his other nervous symptoms. He recovered, however, went to Europe, and there indulged several times. Then he returned to New York, indulging two or three times, and finally he came to me as I have stated.

"I found that he was sincerely desirious of being cured of his tendencies and of recovery. He had, with this latter end in view, formed the acquaintance of a young lady, but as he had never experienced any sexual inclinations toward women, he was afraid to think seriously of matrimony. Thus far there had been apparently no serious inroads committed on his health, except as regarded his mind. He was subject to severe fits of depression, during which he suffered the keenest feelings of remorse, and had thoughts of suicide. He had never before consulted a physician.

"I advised continuous association with virtuous women, and a system of severe study of subjects that would require abstract thought of the highest kind. I suggested mathematics. He at once agreed to pursue the exact course I marked out for him in these respects.

"I also recommended cold baths every morning, a liberal diet, and plenty of out door exercise, either of walking or horse-back riding.

"I cauterized the nape of the neck and the lower dorsal and lumbar regions, and administered the bromide of sodium in fifteen grain doses three times a day. The cauterization was repeated every ten days. At the end of the third month there had been a decided improvement. Bromism had been produced to a tolerably severe degree, and with its appearance the unnatural proclivities towards men began to disappear. He no longer had images, such as had formerly haunted him, passing through his mind and he could look at a nude statue of a man without feeling any sexual excitement. Occasionally, however, the impulse to pederasty would overcome him, but it lasted enly for a few minutes and was never yielded to. He had not, however, had any inclination towards women. He had had but one nocturnal emission and that was soon after beginning treatment.

"All this was very favorable and I determined to continue the treatment unchanged for another period of three months.

"At the end of this time there had been still greater amendment. Sleep had become regular and sound; his melancholic disposition had almost disappeared; his abnormal sexual tendencies no longer existed. In fact there was no venereal excitement of any kind. There were no emissions, no erections. Judging that the bromide had now been carried far enough, and that he had obtained such a degree of control over himself, as to prevent him returning to his former habits, I stopped its administration and gave him instead, the following prescription:

"℞ Strychniæ sulph., - - - gr. ij.
Acid hypophosph. dil., - - - ℥ij.
M. ft. sol. Dose: Ten drops three times a day.

"He took this without interruption for three months. During this period he had no relapse. The images which formerly excited him now disgusted him, for he associated them with some of the most remorseful feelings a man could have, and he had begun to take pleasure in the society of respectable women. He had not, however, experienced any but the faintest evidences of sexual excitement, though accasionally he had felt slight normal desires.

"Over a year has now (March, 1883) elapsed, and he is still under treatment, though I have not seen him for two months. At that time he was strong and healthy, free from all pederastic tendencies; in fact, entertaining the liveliest disgust for it, and thinking seriously of marriage. He had had several times natural sexual desires accompanied by erections, but a high sense of morality, which now exists in him has prevented any yielding. He has nerve to keep himself perfectly chaste till his marriage, and then to use with discretion whatever power he may have."

Finally in this repulsive chapter, mention must be made of the so-called sodomites, people who carry out their bestiality with animals. Sodomy was among

many ancient people, also by the Egyptians, a portion of religious worship. There are many causes which can lead people to sodomy. Generally it is weak-minded creatures or insane who, during sexual excitement which often appears periodically, abuse animals. It is only seldom that apparently psychically sound people abuse animals when the occasion is offered for lack of other means of satisfying their lust when sexual feelings are aroused. Normal perversity very seldom causes a person of either sex to make a paramour of an animal. Still it is not so very seldom that females, especially old maids, have dogs lick their genitalia.

v. Gyurkovechky[28] had the opportunity to closely observe a case of sodomy.

"In a small village, a man, æt. 30 years, in good circumstances, was detected having intercourse with a hen after many attempts had been made to detect the defendant because all the hens in the house one after another successively perished. On being asked by the judge why the man became a cock the accused justified himself by referring to his small genitalia which rendered all intercourse impossible. Medical examination actually revealed extraordinarily small genitalia. The man was psychically normal."—*Deutsche Medizinal Zeitung.*

[27]Pathologie und Therapie der Mannlichen Impotenz, Urban und Schwarzenberg, 1890.
[28]Op. Citat.

ABSTRACTS.

EXTRA-UTERINE PREGNANCY.

Abstracted by E. Mueller, M.D., St. Louis.

The papers on this subject read before the Obstetrical society of Cincinnati (*Amer. Jour. of Obstet.*), and the discussion following the same, form a valuable contribution to the literature of extra-uterine pregnancy. They are herewith presented in abstract.

Dr. Gustav Zinke, having made a careful study of the more important writings on the subject, reviewed the generally accepted theories concerning ovulation and impregnation in the human female, and the classifications of extra-uterine pregnancy adopted by various writers. He then gives his own classification of the various possible forms of extra-uterine fœtation. He says that the weight of authority is in favor of the view that ovarian pregnancy does occur. Amongst others, Lawson Tait who, with his experience of 78 cases, never observed a case of ovarian pregnancy, doubts its existence. Zinke subdivides ovarian pregnancy into (1) intra-ovarian, (2) extra-ovarian, (3) ovario-abdominal, and (4) ovario-tubal pregnancy, and remarks that ovarian pregnancy is comparatively rare, and is usually of from four to five months' duration.

Tubal pregnancy is accepted by all writers as being the most frequent form of ectopic gestation. In Parry's collection of 500 cases of extra-uterine pregnancy, 214 were tubal (149 developing in the tube proper, 34 in the pavilion, and 31 in the uterine portion of the tube), 27 ovarian, 29 abdominal and 230 doubtful. Tait's experience has led him to believe that every ectopic gestation is tubal in character, and that all other varieties are consequent upon this. Tubal pregnancy is subdivided by Zinke into (1) true tubal, (2) tubo abdominal (resulting from a yielding of the structures of the tube in the direction of the peritoneal cavity), (3) tubo-ovarian (the ovary is implicated secondarily, probably because it was adherent to the tube) (4) tubo-ovario-abdominal (simply a continuation of the former, the peritoneal cavity participating in the development of the ovum), and (5) subperitoneo-pelvic or "intra-ligament gestation" of Tait, who holds that it is the result of a rupture of the tubal tissue in the direction of the folds of the broad ligament..

Interstitial pregnancy, according to the authorities consulted by Zinke, is less frequent than tubal, but occurs oftener than ovarian pregnancy. The explanation for its occurrence, adopted by Zinke as being the most plausible one, is that the ovum is arrested within that portion of the tube passing through the substance of the womb; and that by rupture and subsequent closure of the tube it becomes purely interstitial. He subdivides interstitial pregnancy into (1) true interstitial, (2) utero-tubal, (3) utero-abdominal (produced whenever the uterine tissues yield to the developing ovum in the direction of the abdominal cavity), and (4) utero-tubo-abdominal. (If the placenta formed near or upon the mucous membrane of the uterus, and the fœtal sac implicated not only the uterine tissue, but also the portion of the tube confined within the uterine wall, upon the yielding of the tissues enveloping the ovum in the direction of the peritoneal cavity, the ovum might lodge within the abdominal cavity, while the cord passed through the ruptured uterine wall and tube.)

Abdominal pregnancy is not believed in by Tait and others. Zinke says that, according to the views of most authors, the occurrence of this form of extra-uterine pregnancy cannot be questioned.

A resume of the causes of extra-uterine pregnancy, given by the authors consulted, concludes the paper. They are as follows:

1. Terror and shock coinciding with the time of fecundation.
2. Blows upon the abdomen a short time after fruitful coition. (These are both doubtful.)
3. Malformation of the tube; paralysis or spasm of the same; defective or excessive length of the tube; engorgement, swelling and ulceration of its mucous membrane; hardening and retraction of the fimbriated extremity, as well as obliteration of the tube within the uterus.
4. False passages leading to Fallopian tube or ovary.
5. Inflammatory process within the pelvic cavity,

and pressure upon the tube, created by swelling or morbid growths.

6. Desquamative salpingitis.

Dr. Hy. Illoway gave a resume of the symptomatology of extra-uterine pregnancy.

1. *Paroxysmal pain* in the hypogastrium, usually of great violence, lasting for a few hours or a day, is the earliest symptom. Other paroxysms occur after a longer or shorter period. These pains rarely set in earlier than the first month after conception, and sometimes not until the fourth or fifth. They may disappear after the fifth or sixth month, but may recur again about the end of pregnancy.

4. *A fixed grinding pain* may be felt in one of the iliac fossæ, running down the thigh.

Both varieties of pain are more common and more severe in the tubal than in the neutral forms of extra-uterine pregnancy.

3. *Vaginal hæmorrhage*, varying in character from dark colored, coagulated blood, to a light-colored and watery discharge, is present in the majority of cases. The vaginal discharge may appear at intervals, or it may be continuous; or there may be profuse hæmorrhage with discharge of deciduous membrane.

4. *Abdominal enlargement to one side*, more common in the tubal varieties than in ventral pregnancies. In the latter the abdomen usually presents a symmetrical enlargement as in ordinary pregnancy.

A positive diagnosis of abnormal pregnancy can only be made after a careful vaginal exploration and the recognition of the following points :

5. A deviation of the uterus from its normal position, produced by a tumor located on either side, in front, or behind. It is exceedingly difficult to recognize this tumor as early as the end of the first month of pregnancy.

6. *Ballotement.* A careful examination will show the tumor to be an elastic and fluctuating mass and ballotement will reveal the presence of a solid body floating therein.

7. *Vacuity of the Uterus*, the introduced sound finding it empty.

These are enumerated as the main symptons of extra-uterine pregnancy, and Illoway says that a correct appreciation of them, or of a majority of them, will enable us to make a correct diagnosis.

Dr. Wm. H. Wenning read a paper containing the report of a case of dextro torsion of the pregnant uterus simulating extra-uterine pregnancy. There was absence of menstruation, but the patient occasionally had slight hemorrhages, with discharge of shreds of membrane. Pain in the lower part of the abdomen was never entirely absent, but at intervals it became paroxysmal and more violent. There had also been obstinate vomiting, finally becoming stercoraceous, until suddenly relieved by a spontaneous large evacuation of the bowel. A tumor was felt to the right of and a little below the umbilicus. It was movable, the movements however causing severe pain. No contractions could be felt. The cervix was felt high up in the pelvis, pointing toward the sacrum, and toward the left; it was somewhat enlarged and softened, but not as much as in normal pregnancy. The whole organ appeared to be enlarged and had the feeling of a subinvoluted uterus. On bimanual palpation the body was found to be deflected to the left side, the main swelling being on the right side. The uterus appeared to be independent of the tumor, and pressure upon the latter through the abdominal wall did not affect the mobility of the cervix, which was apparently fixed and immovable. On introduction of the sound the uterus was found to be apparently empty; a slight discharge of blood followed the use of the sound each time. The detection of the fœtal heart sounds made the diagnosis of pregnancy certain. The case becoming desperate, as even grain doses of morphine hypodermatically and chloroform inhalations ultimately failed to control the pain, and the patient became constantly weaker from pain and exhaustion, the abdominal cavity was opened. The previous use of electricity, the injection of morphine into the gestation sac and the withdrawal of about 2 ounces of amniotic fluid by means of an aspirator had failed to kill the fœtus. After the tumor had been lifted up into the median line, it was found to be the enlarged and pregnant uterus. As the sound had previously entered only to the depth of 3 inches, it was believed that a second cavity existed, and the sound was again introduced, but this time it passed without difficulty to the depth of 7 inches, proving the tumor to be an intra-uterine pregnancy with torsion and right lateral obliquity of the uterus. The patient gave birth the same evening to a living fœtus of about 6 months, gestation. She died two days after the operation of purulent peritonitis. There was also found post-mortem an inflammatory band about the size of a quill, springing from the cæcum, and going over to the small intestine, binding it firmly down, which possibly accounted to some extent for the persistent pain, it being constantly put upon the stretch by the enlarged uterus. The displaced condition of the uterus may have prevented the expulsion of the fœtus at an earlier period.

The author dwelled to some extent upon the difficulties of diagnosis attending such cases.

Dr. Thos. P. White discussed the advantages of the electrical treatment for producing death of the fœtus. He said that authorities generally admit that tubal pregnancy occurs much oftener than is usually supposed; that recovery and complete absorption are the rule and not the exception. He believed that abdominal section and electricity both ought to be accorded their own sphere, and used in their proper place. When rupture has occurred, or there is violent hæmorrhage, abdominal section was certainly indicated, but that it seemed entirely unreasonable to make an exploratory incision for diagnostic purposes, or to wait for further developments and rupture of the sac, when we had at our command a means so easy of application and so certain in producing destruction of the fœtus as elec-

tricity. For certain reasons he advises the application of both currents, the faradic as strong as can be borne, and the galvanic 150 m. p. The negative pole is best placed in the vagina, pressed well up against the tumor, or even into the uterus. When death of the fœtus is ascertained, or the tumor diminishes in size, only a mild galvanic current (30 to 40 m. p.) should be used in order to produce a more rapid and more complete absorption.

Dr. Rufus Hall discussed the operative treatment of extra-uterine pregnancy. For all practical purposes, he said, it would be safe to accept the teaching of Lawson Tait, that all cases of ectopic pregnancy are in the beginning tubal, and that when rupture occurs, the ovum may pass into the peritoneal cavity, where the ovum perishes, or into the intra-ligamentous cellular space, which favors the growth and development of the fœtus.

When the operation is performed before the fourth month, Hall has, as a rule, found an incision in the median line 3 inches in length sufficient for the necessary manipulations. Thorough irrigation and drainage are considered of great importance.

If a case of ectopic pregnancy goes safely beyond the fourth month, Hall says, that the general tendency is to leave the case alone until the term of gestation is about completed, or the onset of spurious labor, if the fœtus be living, but that there is a difference of opinion as to whether we should await the death of the child and the approach of sepsis (which method has had a high mortality as regards the fate of the mother in the past), or whether we should operate at, or about, the onset of the spurious labor, thus saving the life of the child as well as that of the mother.

The choice of two procedures may be made: (*a*) That of making the incision in the median line, which in Hall's opinion should never be chosen, and (*b*) that of making the incision well to one side of the median line.

When the incision is made in the median line, and the placenta is attached to the anterior wall of the sac (which is almost, if not quite, impossible to ascertain until the incision is made), and the sac is incised through the attachment of the placenta, a very serious hæmorrhage will inevitably occur. This must be either avoided or controlled; the sac might be punctured in another place, the opening enlarged, and the child extracted. But the great problem in these cases is how to deal with the placenta. It seemed to be the generally accepted plan to stitch the sac to the edge of the incision and leave the placenta untouched; a drainage tube of large size is placed and left in the sac until the placenta is thrown off. Although Tait has saved 5 out of 6 women operated upon, he no longer recommends it, but suggests the rapid separation of the placenta, and "vigorously rubbing the bleeding surface with perchloride of lime." He has reported a successful case treated in this manner. Several operators have successfully removed the entire gestation sac after the death of the child and after the placental circulation had ceased; and many prominent surgeons regard the removal of the entire gestation sac with the living child as not entirely unfeasible. Still other methods have been suggested and tried. Hall thinks, that where it is possible to do so there can be no doubt that the best method is to extirpate the entire gestation sac, but he says, that no rule can be laid down for the management of these cases, and the operator must be governed by the condition met with in each individual case.

The plan of making the incision well to one side of the median line is the least dangerous to the mother, as it favors the opening of the gestation sac without opening the peritoneal cavity. It has been recommended by Tait, who believes that all the full-term ectopic pregnancies are those which have grown in the broad ligament, extra-peritoneally, and that the peritoneum is lifted up by the growth of the fœtus.

In those cases, that were formerly considered favorable for extirpation through the vagina, the pelvis being well filled with the tumor, and the posterior vaginal septum having become very thin from pressing, Hall suggests the incision to be made just above and parallel to Poupart's ligament, the outer end to be extended somewhat upward as the occasion demanded, as with this incision it would not be difficult to extract the child without opening the peritoneal cavity. It would probably then be best to leave the sac undisturbed, tying the cord near the placenta, and to treat the cavity as an abscess.

If the operation is to be done after term and spurious labor, most surgeons agree that it should be postponed until we are certain that the placental circulation has stopped. If the median line is selected for the incision the operation may be easy or difficult. It may be found impossible to extirpate the entire sac on account of extensive and firm adhesions, which often exist at this late date, the sac must then be emptied, the opening stitched to the edge of the wound, and drainage provided for. If the lateral or oblique incision is chosen, and the sac opened without the peritoneal cavity, the operation would probably consist in opening the sac, emptying it, and providing for drainage.

Dr. C. D. Palmer, in his resume of the diagnosis and treatment of extra uterine pregnancy, said, that the cases, where symptoms of ruptured tubal pregnancy occurred suddenly without any warning were comparatively rare, but that in the vast majority of cases certain almost characteristic symptoms, as a sanguineous uterine discharge, accompanied by iliac pains extending down the thighs, at times paroxysmal, a discharge of pieces of decidua without the fœtus, etc., render us strongly suspicious of the actual state of affairs. The detection of the extra-uterine fœtal sac, usually lateral or posterior to the uterus, at first perhaps the size of a nut, but at the fourth month as large as two fists, makes the existence of ectopic gestation probable. The uterus has a tendency to rise to the right or left, or is just behind the symphysis pubis. After having reasonable as-

surance of the existence of pregnancy, it must be determined whether the uterus is empty or not, and if the sac situated laterally or posteriorly is not a vicarious uterus holding the growing ovum. The use of the sound can be dispensed with, as with careful digital and bimanual exploration, per vaginam and per rectum, the patient under an anæsthetic, if necessary, positive conclusions will be reached. The violet color of the vagina is more pronounced in ectopic gestation than in normal pregnancy. The fact that intra- and extra-uterine pregnancy may co-exist, should always be borne in mind. A lateral or a post-uterine gestation sac may be simulated by an abscess of the broad ligament, a pelvic hæmatocele, a retroverted or retroflexed gravid uterus, an ovarian or parovarian cyst, a dermoid cyst, a hydro- or pyo-salpinx, or an extra-uterine sub-peritoneal fibrocyst. The presence of intermittent uterine contractions may be regarded as a sure proof of normal uterine pregnancy, but a failure to detect them must not be regarded as a positive proof of the absence of intra-uterine fœtation. The extra-uterine sac of ectopic gestation is not as soft and elastic as is the pregnant uterus, but it is harder, more resisting, and quite tender to the touch. The tumor, ovoid in shape and fluctuating, can be felt at the side of the uterus after the first 5 or 6 weeks. At the end of the fourth month ballotement can be detected. A period of sterility precedes most cases of extra-uterine pregnancy. "The gravest doubts must exist in cases of ectopic gestation of the interstitial variety, and those forms of the disorder taking place in rudimentary uterine coruna." Difficulty in diagnosis is encountered, when after sac rupture the patient survives, and the effused blood forms a tumor larger than the fœtal sac itself. Also in the differentiation between normal intra-uterine pregnancy on the one hand, when there is some extra-uterine pelvic neoplasm, and extra-uterine pregnancy on the other hand with its sympathetic enlargement of the uterus. The differential diagnosis of extra-uterine pregnancy in the early months is very difficult, but the weight of opinion, in this country at least, is that tubal pregnancy can be diagnosticated early.

In regard to treatment the speaker said that when the diagnosis is reasonably assured, prior to any sac rupture, the employment of electricity, at first with the faradic, then the galvanic current, plain or interrupted, without puncture is almost invariably all we need to kill the fœtus. It has been proved by experience and experiment that nature possesses the power of absorbing an extra-uterine fœtus and its envelopes up to the age of the fourth month. Up to this time electricity is a remedy less radical, more safe and equally effective as laparotomy. No ectopic sac rupture ever occured from it. When symptoms of threatened or actual sac rupture are present, laparotomy should be given the preference. In all cases of doubt electricity should be used, and early, before serious symptoms show themselves. A subsequent operation, if needed, is then less difficult and less hazardous. In all cases without distinctive evidence of rupture, and after the fourth month, before fœtal viability, when the diagnosis is certain or probable, the fœtus should be killed by electricity, and at a subsequent time (about two weeks) laparotomy should be chosen, but it should not be postponed too long, until a peritonitis, a septicæmia, and hectic symptoms develops. After the period of fœtal viability we should probably wait, and make a laparotomy about term. In conclusion, Palmer thinks, we can safely say, that by electricity in the early months of extra-uterine pregnancy, and by a timely laparotomy made conditionally only in the earlier months, made usually in the later months, ectopic gestation with its fearful mortality is robbed of many of its horrors. By a judicious and a timely application of each, according to special indications, it is probable that the mortality of this fearful malady can be reduced to a minimum.

Dr. E. Rickets said, he believed that an exploratory incision was always preferable to the galvanic treatment. The speaker also related a case of tubal pregnancy, which came to Tait's clinic previous to rupture. Owing to the distended condition of the tube it was supposed to be a case of hydro- or pyosalpinx. There was no bluish color of the cervix nor distended veins of the vagina. Three days afterwards the patient returned all bent up with pain, rupture of the sac having occurred. The patient was at once operated upon, and recovered. This showed the difficulty of diagnosis even in the third month. In regard to the treatment of the placenta, he said, that if instead of it being left to slough away it be turned out, the solid perchloride of iron applied as a styptic, and the cavity washed out with warm water, the operation is made much more simple and less dangerous. Instead of perchloride of iron Dr. Bantock used matico, it was said, with equally good results.

Dr. Palmer related his experience with three cases of extra-uterine pregnancy. In the first case the extra-uterine tubal sac was noticed in the early weeks, before any signs of rupture occured, and the faradic current was successfully employed. It was many months before the extra-uterine tumor was absorbed. The patient is living and in good health.

In the second case three sac ruptures had occured at the third, fourth and fifth month. The patient was found in intense pain, almost moribund. Laparotomy was done the next morning, the patient still being in great pain, and with a feeble flickering pulse. A fœtus in the fifth month of gestation was extracted from the right horn of the uterus, pregnancy being of the tubo interstitial variety. The placenta was removed, also a large quantity of blood from the peritoneal cavity. The patient did not rally, but soon died.

In the third case the duration of the abdominal enlargement was fifteen months. The diagnosis before operation was between a multilocular ovarian cyst and the abdominal variety of extra-uterine fœtation. Laparotomy was hurriedly undertaken two days in advance of the time fixed, the patient having been taken with a chill. A full-term dead fœtus was removed from the

abdominal sac. The sac was stitched to the parietal walls, the placenta allowed to remain and the umbilical cord brought through the opening. Irrigation with warm carbolized water and the insertion of a drainage tube completed the operation. The patient died about fifteen hours later.

THE COST OF THE INFLUENZA EPIDEMIC.—The cost to the country of the recent epidemic of influenza has been calculated by Mr. Smee, the chief medical adviser of the Gresham Life Assurance Society, at two millions of money, about one-half of this amount having been paid by insurance companies and frendly societies, and the remainder representing the loss on wages, disorganization of business, and the like.

SULPHUROUS ACID GAS AS A DISINFECTANT—RESULT OF RECENT EXPERIMENTS.—In the last few years the antiseptic properties of sulphurous acid, which have been known from the remotest antiquity, have been made the subject of experimental study, with contradictory results. While Vallin, Pettenkofer and Dujardin-Beaumetz attribute great value to sulphurous acid as an antiseptic, Richard, Koch, Loffler and Dubroslawin reject sulphurous-acid fumigation on the ground of its inefficiency, and in Germany and Russia sulphurous acid is never reckoned among disinfectants of practical application.

At the time of the cholera epidemic of 1884 at Naples the question of the antiseptic power of sulphurous acid was raised. Professor Fazio demonstrated then that anhydrous sulphurous acid, when used to disinfect the atmosphere, was not only useless, but positively injurious to respiration. It can be effective only when used in quantity sufficient to produce an absolutely irrespirable atmosphere. In the limited proportion in which it can be utilized for open disinfection it is wholly valueless and causes serious disturbances in the breathing apparatus of persons compelled to breath the air impregnated with it.

Conclusions indentical with those of Fazio were reached by Dujardin-Beaumetz in his lectures on prohhylactic hygiene delivered at Paris in 1888.

The following are the results of late experiments in local disinfection by sulphurous-acid gas made at the laboratory of the Cochin Hospital, at Paris, by Doctors Dubief, Brutel and Gaillard:

1. Sulphurous gas has a marked effect on the germ contents of the atmosphere.

2. This action is exerted with most energy in the presence of aqueous vapor.

3. The action of sulphurous gas is exerted also in a marked manner on perfectly desiccated germs.

4. The action of sulphurous gas in the atmosphere is exerted on bacterial germs; it seems in some degree to respect the cryptogamous spores, which are less sensible to dilute acid.—*San. Reports.*

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, MAY 17, 1890.

THE MEDICAL ASSOCIATION OF MISSOURI—ITS RECENT MEETING AT EXCELSIOR SPRINGS.

Excelsior Springs is an ideal place of meeting for the Association when once you have reached it. If it were more accessible to all portions of the State there would probably be little trouble in determining on it as a permanent meeting place. Many members of the Association seem to think it would be an advantage to meet yearly at the same place and as nearly the same time as possible. Provided suitable accommodations can be furnished, a resort, or small place, with not too many outside attractions and where the members will not be too scattered about would seem to be the most desirable kind of a place for such an annual meeting. This is exactly the kind of a place Excelsior Springs is. The management claims that within another year it will be more readily reached. We had heard wonderful things about the hotel, "The Elms." It more than met our expectations. The accommodations are simply perfect throughout. We did not hear a word of complaint. This fact added much to the general good feeling and enjoyment of the meeting. Evidence of general satisfaction is the fact that the Association finally voted to meet at the Springs again next year. St. Louis was first selected as the next place of meeting, but during the noon intermission of the last day the conviction became very prevalent amongst the members that the selection was a mistake. Firstly because many of the members are opposed to meeting amidst the numerous distractions that are apt to be found in a large city. And secondly because there will unfortunately come before the Association next year a matter that in the opinion of most of the members can be more quickly and satisfactorily arranged at some other place than St. Louis, viz.: the question of admitting members of the

Academy of Medicine of St. Louis to register from that society as members of the Association. The status of the matter is as follows: On the second day of the meeting a member of the Academy presented credentials from said Academy and registered. Objections were made by members to receiving the credentials on account of the standing of the society in question. The matter was referred to the Committee on Ethics, which reported that it could not possess itself of sufficient information to make a complete report at that time. It was therefore granted further time. This subject was the principle item of political gossip during the latter days and even ngs of the meetings. During the earlier part of it somewhat of a stir was made by the circulation of a report that the State Board of Health was going to recommend to the Association the adoption of a resolution favoring a compulsory three years course of medical instruction in this state. By some provision, the particulars of which are unknown to us, there was an informal meeting of the board and representatives of all the medical colleges. A test vote was taken. Two colleges, the Missouri Medical and the St. Louis Medical, by their representatives, cast their votes in favor of submitting the proposed resolution, or otherwise favoring such a measure, the remaining eight (regular) schools voted against it.

There were about one hundred and eighty on the roster. Owing to the fact that all the members were living in one hotel, the sessions were all well attended, and much interest was manifested in meritorious scientific communications and most of them were of this kind. There was no very remarkable or unusual featture in the scientific work, but it was almost uniformly good, and seemed to be thoroughly enjoyed by all—a good sign.

Dr. Sloan of Kansas City, well-known to the profession of the state for many years, was elected president for the coming year. The next meeting will be well attended. Of this fact we feel positive. There will be several items of more or less general interest and importance to be considered. We hope the scientific work will be equal to that of this year.

The other officers elected were as follows:

Vice-Presidents, N. B. Carson, St. Louis; A. B. Richmond, St. Joseph; Jas. Gordon, Nevada; Milton B. Chandler, West Plains; Permanent Secretary, J. C. Mulhall; Assistant Secretary, C. W. Chowning, Florida; Corresponding Secretary, T. E. Holland, St. Louis; Treasurer, J. H. Thompson, Kansas City.

Slander of Physicans.

An action for slander has recently been passing through the New York courts which has attracted considerable attention among the medical profession, not only because it was brought by a physician, but, also because, *mirabile dictu*, a verdict was rendered for the plaintiff in the sum of $1,600, and this verdict has been repeatedly sustained after several successive appeals by the defendant. Walter M. Rosebault, in the *Brooklyn Medical Journal*, points out the salient features of the case, and analyzes some very hair-splitting decisions which have been made on the question at issue.

Dr. W. J. Cruikshank sued to recover damages for the following language uttered to some of his patients by the defendant, Gordon; "The doctor had treated the child for malaria, when it had another and entirely different disease," "he had nearly killed the child," and "would have killed it if another doctor had not been called in." He also cast reflections upon the plaintiff's general competency as a physician, and criticized his treatment of particular patients. As above stated, a jury charged him a round little sum for the privilege of unbosoming himself in this manner.

One legal question which came up in the case, was as to the liability to action for damages of various kinds of slander. The plaintiff came into court without alleging, and probably without being able to prove, that he had sustained actual damage by reason of anything the defendant had said. Every one of his patients to whom the defendant had addressed defamatory words, appeared in court to testify on behalf of the plaintiff, and none were shown to have lost confidence in him as a physician. As to the general denial of the plaintiff's competency as a physician, proof of actual damage to the latter from that cause is not required. The presumption that he was injured might even be incorrect, but proof to this effect would not be received. Thus far the law appears to be with the physician, but a peculiar distinction arising in such cases must not be lost sight of. It has been decided that general denials of incompetency may be redressed in damages, but not so with false accusations of ignorance or incompetency in one particular instance. This is said to be for the reason that such action would operate as an unreasonable and impolitic restraint upon freedom of speech; further, no precedent could be found for doing so. It was also doubted whether such a slander would be liable to cause injury to the same extent as a charge of general incompetency in a trade or profession. This point, however, is not yet settled, and judges have differed upon it. As it stands, it is a curious inconsistency which the average physician will utterly fail to understand. As Mr. Rosebault puts it, "A rule of law that enables him to restrain an enemy by an action for damages, from falsely representing a man to be an ignorant physician, without being required—perhaps an impossible thing, even though the fact existed—to prove actual damages sustained in consequence, is not more than just to him; but he will doubtless fail to see why he should not have the same right when he is accused of having killed a particular patient by gross ignorance and lack of skill. There certainly can be no doubt that greater injury may be inflicted by a misrepresentation as to the facts in a physician's practice than by loose general assertions that he is not a skillful and competent practitioner."

The Abuse of Soap and Water.

It is a fact that the best of things may be overdone, and Dr. B. Merrill Ricketts, of Cincinnati, has come to the conclusion (*Jour. of Cut. and Gen. Dis.*) that to the abuse of soap and water is to be attributed a certain skin affection found almost exclusively among society women, or those persons who are fastidious in the care of their skin, especially that upon the face. In this disease the skin is reddened, with more or less scaliness and considerable burning, especially when exposed to either hot or cold draughts of wind. At times it is quite painful, often causing loss of sleep. As may be imagined, it is most common with those who have delicate, sensitive skins. The women who suffer the most are those who wash their faces frequently, at the same time using soap and water with a rough, coarse towel well applied, thereby producing an excess in the exfoliation of the cuticle. This result is hastened by the use of the various cosmetics several times each day. Dr. Ricketts quotes the statement made to him by one who is considered a society belle, that "she applies Lubin's powder twelve times in thirteen hours, each time applying it after the face had been thoroughly washed with Pear's soap." He very pertinently asks, "How long would the leather in our shoes withstand such abuse?"

In such cases complete relief will follow the discontinuance of soap and water for an indefinite period, olive oil being used instead, frequently applied with some soft silk or linen fabric. When he says olive oil, he does not mean the ordinary sweet oil, or cotton seed oil, or any of their combinations. "All that glitters is not gold," and not more than one-tenth of the oil purporting to be olive oil is genuine.

Where the use of olive oil is distasteful, the face should be washed only as often as is absolutely necessary, and then an absolutely pure, neutral, unirritating soap should be used. Dr. Ricketts for the past year used what may be called "saponaceous cream," with favorable results. This is made with chemically pure olive oil and soda, with water, the result being a saponification into a smooth, gelatinous, opaque, odorless and neutral mass, which gives but little lather when used with water. The fresh albumen of an egg is thoroughly incorporated with this by means of an ordinary egg-beater, and a few drops of oil of roses, bergamot, or bitter almonds may be added to give an agreeable odor. Many medicinal agents may be incorporated with this soap in varying percentages, as follows: ichthyol, 5; iodol, 1; boric acid, 5; thymol, 3; sulphur, 5; eucalyptol, 5; bichloride of mercury, ½; tar, 10, and carbolic acid, 5.

Membranous Dysmenorrhœa.

This disease, which almost every practitioner may be called upon to treat, is not always readily diagnosed unless it be by the microscope, nor does a complete cure result with any degree of frequency. Dr. J. N. Martin, of Ann Arbor, Mich., gives a few notes (*Med. News*) on the treatment of this disease, which will doubtless be of considerable service, as he has usually had satisfactory results with his plan. He briefly explains the chief phenomena of this disease as follows: The cervical canal is large enough to allow fluid menstrual secretions to pass without causing pain, but the passage of membranous formations is accompanied by much expulsive effort and consequent pain. Where the disease is of long standing the uterus is also implicated, and there is inflammatory as well as membranous dysmenorrhœa. The nervous system is markedly affected by the extreme suffering which is present, so much so in some cases that the patients become nervous or mental wrecks.

He regards the indications for treatment as being fully met by the following plan: Hot water douches should be given once or twice daily between the periods, and applications should be made to the interior of the uterus, two or three times a week, of equal parts of Churchill's tincture of iodine and carbolic acid in 5% solution. Tampons may be used, saturated with glycerin, hydrastis or boro-glyceride, in 10 to 20% solution. The constitutional condition should be attended to, and general or nerve tonics may be found necessary. Bromides and opiates should be withheld so far as possible.

For two or three months the cervical canal should be divulsed five or seven days before the period; membranes may thus be more easily expelled. Inflammatory disturbances may sometimes be aggravated for a time, but a majority of cases are benefited. The uterus is to be curetted with a dull curette midway between the periods, followed by applications of bichloride to the interior of the uterus in the strength of 1 to 300 or 400; this may be repeated for from two to five months. Of seven patients treated by this method, but one failed to receive benefit; two were entirely cured and the others much improved.

MEDICAL ITEMS.

Doctors Galore in Madrid.—Madrid has one physician to every 700 of its inhabitants.

A Town Without a Doctor.—Presidio del Norte, Mex., a town of some 7,000 inhabitants, is said to be without any resident physician.

Poisoning by Canned Beef.—An investigation into a number of cases of sickness on Staten Island has shown that they were due to poisoning by canned beef.

Legacy to the New York Post-Graduate Medical School and Hospital.—Among the legacies of the late Hon. Daniel B. St. John, of Newburg, N. Y., was one of ten thousand dollars to the above-named institution.

Professor Brucke, of Vienna, retired from the chair of Physiology at the University. The selection of his sucessor has been placed in the hands of a committee composed of four of his late associates.

Tracing Epidemics Through the Milk Supply.—An act has been introduced into the English parliament granting authority to the sanitary authorities to demand a list of his customers from any milk-dealer, in order to trace outbreaks of typhoid fever or other dis ease to their origin.

A Leper in Philadelphia.—A Chinaman was admitted to a hospital in Philadelphia a few days ago, suffering, it was supposed, from facial erysipelas. It was soon discovered, however, that he had leprosy. He was at once removed to the Municipal Hospital, and now the health authorities are wondering what they can do with him.

Reports of the Illinois State Board of Health.—We are informed by Dr. Rauch that licentiates of the Illinois State Board of Health can obtain copies of the Ninth and Tenth Annual Reports of this board; also the very excellent and valuable Report on Medical Education and Medical Colleges, to which reference was made at some length in the Review recently.

This very generous offer should be accepted by all to whom it is made.

Compound Powder of Camphor.—

℞ Morphini oxydi sulphatis, - - - ʒj.
Camphoræ officinarum,
Radicis liquiriter officinalis,
Calcin. carb. mollioris preparata, aa ʒxx.

"Pulverize each of the articles separately, and then mix them with the most perfect equality."

In 10 grains of the compound there is $^1/_6$ grain of mophine and $3\frac{1}{3}$ grains of camphor, which is the maximum dose.—*Med. Bulletin.*

The Best Route to Nashville.—Physicians contemplating a visit to Nashville to attend the meeting of the American Medical Association, which begins on the 20, of this month, should by all means go via the Louis ville and Nashville as that is the only direct road between St. Louis and that city. Accomodations furnished by the road are excellent, and the scenery en route is charming.

Visitors should not fail to take this opportunity of seeing the Mammoth Cave, which is only a few miles from Nashville.

Doctors as Dispensers of Spirits.—The Iowa Legislature has just enacted a pharmacy law which, it is said, contains a provision that will make whisky freer in Iowa than it has been under prohibition. It confers upon physicians the right to dispense liquor, and places upon them no restraint whatever. They do not need a permit, like the druggists, nor is there any supervision of their manner of prescribing in the sales they make. There are about five thousand doctors in the State, and the demand for diplomas is likely to increase to an unprecedented extent.

Was The Poison in the Milk.—Dr. Timothy E. Wilcox, of the United States Army, writes from Fort Niobrara as follows: "A patient of mine suffered from an attack of facial erysipelas during her last pregnancy. She was delivered of a healthy male child which she nursed for two months, being then obliged to desist on account of the milk being unsuited to her child. She drew from her breast some of the milk and set it aside in a glass. A child, æt. 3 years of age, drank it, and nine days there after was attacked with erysipelas of the face as its mother had been. Was this infection or coincidence?"—*Med. Record.*

Imperforate Vagina—Craniotomy.—Dr. Jas. B. Neal, of Tungchowfu, has reported a case that seems unique. A woman, 23 years of age, presented herself with a tumor in the abdomen, which was found to be a retained fœtus. The vagina was imperforate, resulting from ulceration. If the woman's story was correct, she had carried a dead child for three months past the time when she should have been delivered, when she had pains, but the native midwives denied that she was pregnant. After delivery, by section and craniotomy, she made a rapid recovery.—Satellite, April, 1890.

A Medical Licence to Marry.—Dr. J. M. Emmert, President of the Iowa State Medical Society, delivered an address at the annual meeting of the society, on April 16, in which he advocated compulsory medical examination of those intending to wed, and held that no licenses to marry should be granted except on a reliable physician's certificate that the parties desiring to wed are physically sound and qualified for the matrimonial relations. He also mentioned that the discovery that either party is constitutionally diseased ought to be sufficient ground for securing a divorce.—*Med. Record.*

The Cause of Cheapness of Quinine.—The present very low price of quinine is due, it is said, to the large amount of cinchona sent out from Ceylon. When coffee, which for a long time was the staple production of that colony, began to fail because of a disease which attacked the trees, cinchona was largely substituted by the planters for the failing staple. In a short time, however, the cinchona began to fail from depreciation in quality; the Ceylon planters turned their attention to tea with so much enegry that they cut down their cinchona trees to make way for tea-bushes, and not being able to hold their bark, they sold it in the London market for what it would fetch. The result has been an enormous fall in price, so that the bark has been obtainable at less than the cost of production, and quinine has fallen to a figure far below anything previously

heard of. The export from Java has also increased in recent years. South American bark, which a few years ago was the only source of quinine, has practically been driven out of the market, and the world has been drawing its supplies of quinine from the British and Dutch colonies in Asia.

THE ISOLATION OF PHTHISIS.—Dr. G. M. Brown, in the *Medical Bulletin*, makes an earnest appear to all who are in authority, or who have any influence over patients suffering with pulmonary phthisis, to prevent the spread of the disease. No healthy person, especially no healthy young person, should be permitted to occupy the same room at night with a patient afflicted with bacillary phthisis. Physicians in attendance upon such cases should warn the members of the household of the dangers of too close contact with the sick. If the one already attacked cannot be saved, it is possible, at least, to prevent others from being sacrificed. The germ may remain latent for years after infection, but it is present, ready to break out at the first favorable opportunity. If every physician would do his whole duty in this matter, so as to limit the spread of the disease, much would be accomplished toward reducing its ravages.

THE DANGEROUS FRENCH STOVE.—The Paris Academy of Medicine has its attention directed to the defective and dangerous form of portable stoves which are such a frequent source of carbonic oxide poisoning. M. Lancereaux and others considered the subject of so much importance to the public as to require governmental supervision and control; others considered that it would only be necessary to inform the public of the dangers of this mode of heating. According to Laborde, the presence of one part of carbonic oxide in 650 parts of air is injurious to life and may cause death. The advocates of supervision carried their point, and the Academy passed resolutions condemning the slow-draught or air-tight stove in nurseries, schools, colleges, and sleeping-rooms. It also called the attention of the authorities to the dangers of this mode of heating, and petitioned for remedial legislation.—*Report of Dr. Prosper de Pietra Santa*, in the SATELLITE for April, 1890.

INTUBATION OF THE LARYNX.—The thesis of Dr. Arthur G. Root, class of '90, Albany Medical College, upon "Intubation of the Larynx," received the highest prize as an Inaugural Thesis, and appears in the *Med. Bulletin* for May. It gives a complete resume of the history of the operation and the improvements introduced by Dr. O'Dwyer, of New York, upon the plan of Bouchut. The instruments, as well as the details of the operation, are described, with explicit directions for managing the case before, during and after the operation. The difficulties of the method disappear upon gaining the requisite manual dexterity, and every practicing physician should be able to recognize the indications for intubation and be prepared to perform this little operation in order to save children from suffocation. It is no longer an experiment, but is used by the leading men in the profession, and has been performed nearly 3,000 times in this country. The notes of a number of clinical cases accompany this very interesting and timely article.

VACCINATING AGAINST THE POISON IVY.—As the summer season approaches and *rhus toxicodendron* begins to thrive, there is a large number of persons who will take an interest in the statement that an immunity against this plant can be secured. At least it has been done in one instance, related by Dr. John Aulde in the *New York Medical Journal*. He says that Dr. George Kirkpatrick, of La Harpe, Ill., took by mistake a good swallow of the tincture, and in order to counteract the effects of the poison, large doses of olive-oil were administered, and along with it about ten grains of carbonate of sodium. No immediate unpleasant effects were observed until the second day thereafter, when it was found that there was complete desquamation of the cuticle, and since that time he is proof against the poison of the plant.—*Med. Record.*

BOOK REVIEWS.

A NEW MEDICAL DICTIONARY. By George M. Gould, A.B., M.D., Ophthalmic Surgeon to the Philadelphia Hospital, Clinical Chief Ophthalmological Department German Hospital, Philadelphia. 1890. P. Blakiston, Son & Co., Philadelphia. Price, $3.50.

It is claimed for this work that it is a compact, concise vocabulary, handy in size, convenient for reference, authoritative, and that it is based on recent medical literature. The book fully bears out all these statements. It is eminently practical, the definitions being short and clear, and all useless words and bygone rubbish being omitted. New words and phrases coined within the past few years are all included, an advantage which will be thoroughly appreciated. Large groupings of facts are arranged together in alphabetical order wherever practicable, this greatly facilitating reference. For example, there are tables of bacteria, leucomaines, ptomaines; of muscles, nerves, arteries, ganglia, plexuses; of abbreviations, prefixes and suffixes used in medicine; of comparison of thermometers; of weights and measures, mineral springs, vital statistics, and numerous others.

This book will admirably fill the niche for which it was designed. It is printed upon good paper; the type is clear and distinct and the book is so bound as to lie open at any page, and, all in all, the mechanical execution leaves but little room for criticism.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY.—By George A. Liebig, Jr.. Ph. D., Assistant in Electricity, Johns Hopkins University; Lecturer on Medical Electricity, College of Physicians and Surgeons,

Baltimore; Member of the American Institute of Engineers, etc., and George H. Rohe, M.D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore; Visiting Physician to Bay View and City Hospitals; Director of the Maryland Maternite; Associate Editor "Annual of the Universal Medical Sciences," etc. Pp. 383, 8-vo., profusely illustrated. Price, $2.00 net. F. A. Davis, Philadelphia and London. 1890.

The purpose of this work is to set forth, in a concise and comprehensible way, the fundamental principles which govern the practical application of electricity to medical and surgical practice. It is practical rather than theoretical, a feature that will commend it especially to the busy American practitioner, who wishes to get his knowledge as quickly and apply it as promptly; and yet theory and the more scientific aspects of the subject have not been excluded from its pages.

The work is divided into three parts: Part I presents a dissertation on electricity and magnetism; the construction, use and care of batteries, galvanometers, rheostats, etc., and the theory of the chemical actions taking place in the storage-cell or accumulator. Part II treats of electro-physiology, electro-diagnosis, and electro-medical apparatus. Part III, the part which is especially attractive to the student who has had any experience with electricity and its application to the treatment of disease, presents in a clear and concise way—features which ever characterize Dr. Rohe's writings—the general therapeutic effects of electricity, and the various methods of application; special electro-therapeutics, and an appendix containing useful tables and formulæ, giving the several laws of current-strength, force, and resistence after the manner of algebraic equations. While the usefulness of these latter is problematical—so far as the great majority of readers is concerned—it may be that they will afford an appetizing food for thought for many of the 'cranks' in the domain of electricity.

The authors are clear and write to the point; no padding with long-minded clinical reports delays our search for the plans of treatment best adapted to the requirements of given cases.

The publisher has done good work, both typographically and cholcographically.

Orff's Valuable Directory.

We have received from the Frank Orff Directory Co., of Omaha, Neb., a copy of the Frank Orff Tri-City Business Directory of Omaha, Council Bluffs and South Omaha. It contains a total of 36,614 distinct names and classifications, besides an alphabetical and classified list of all trades, professions and pursuits for the three cities. Among the many new and original features introduced is Orff's appendix of Omaha, which is an alphabetically arranged index and guide to places, institutions, societies, churches, amusements, etc., in and about the city. Also Orff's Legal, Medical and Dental Dictionary. To those who desire to reach by circular, the legal, medical and dental profession of these cities, a copy of the work is valuable. Price $3.

USEFUL FORMULÆ.

Some Useful Remedies for Sleeplessness.—The following useful formulæ for the administration of hypnotics were given in a recent number of the *Deutsche Med. Wochenschrift:*

℞ Amylen. hydrat., - - - grs.cv.
Aquæ destil., - - - - fʒij.
Ext. glycyrrhizæ, - - - ʒijss.
M. Sig.: Half to be taken in the evening before going to sleep.

℞ Amylen. hydrat., - - - ♏lxxv.
Mucil. Acaciæ, - - - - fʒv.
Aquæ destil., - - - - fʒiss.
M. Sig.: For a clystér.

℞ Chloralis, - - - - - - ʒj.
Aquæ destil.,
Syr. cort. Aurant., - - - aa fʒx.
M. Sig.: Dose, one to two tablespoonfuls.

℞ Chloralis, - - - - gr.xlv.
Potass. brom., - - - gr.lxxv.
Aquæ destil., - - - - - fʒiij.
Syr. Aurantii, - - - - fʒiss.
M. Sig.: The third part to be taken once, in the evening.

℞ Lactucarii, - - - - gr.ix.
Gum Acaciæ, - - - - ʒj.
Aquæ destil. q. s. fiat emulsio, - - fʒvj.
Adde:
Syr. Aurantii, - - - - fʒj.
M. Sig.: A tablespoonful every hour.

℞ Paraldehyde, - - - fʒj–fʒjss.
Aquæ destil., - - - - fʒiij.
Syr. simplicis., - - - - fʒijss.
M. Sig.: Half to be taken once.

℞ Phenacetin, - - gr.vijss–xxiij.
M. Dispense doses tales No. VI.
Sig.: One powder in the eveing.

℞ Sulphonal, - - - gr.xv–xxx.
Divide in 5 equal parts.
Sig.: One powder in *cachets* in evening.

℞ Urethran, - - - - - - fʒj.
Aquæ destil., - - - - fʒx.
Syr. Aurantii, - - - - fʒv.
M. Sig.: To be given in tablespoonful-doses at intervals of one-half to one hour, according to desired effect.—*Wiener Med. Presse.—Med. and Surg. Rep.*

ORIGINAL ARTICLES.

A REPORT OF FOUR CASES OF APPENDICITIS AND ONE OF PERITYPHLITIS.

BY H. C. DALTON, M.D.,

Superintendent City Hospital, St. Louis.

Read before the St. Louis Medical Society, May 17, 1890.

Case I.—Appendicitis. Perityphlitic Abscess. Laparotomy. Recovery.

Harry A., a strong, stout man, æt. 24 years, who had always enjoyed good health till July 20, 1889, was suddenly taken, while at work, with a severe pain in the abdomen, for which he consulted Dr. B. M. Hypes at his office. The next day, the 21st, Dr. Hypes saw the patient at his home. Bowels had moved daily, but the pain continued more pronounced. Fever commenced on July 25.

On July 28 I saw the patient with Dr. Hypes, and agreed with him that it was one of appendicitis and that an operation was indicated. To this the family objected, but agreed to allow the operation the next day if there should be no improvement in the meantime. On July 29 all the symptoms were aggravated, temperature 102.5 F., pulse 120, skin dry, dullness on percussion, and great pain on pressure, over right iliac region.

A four-inch incision was made commencing about the center of Poupart's ligament and extending upward and outward, the center of it being over the caput coli. As there was no adhesion at this point between the abscess and the abdominal wall the general peritoneal cavity was entered. A swelling the size of a large orange was seen bulging up and almost meeting the anterior abdominal wall. The patient was turned on the right side, gauze packed around the tumor to keep back the intestines and the abscess incised, evacuating about four ounces of very fetid pus. The gangrenous appendix was tied off close to the cæcum, and the stump cauterized with Paquelin cautery. The pus cavity was irrigated with a strong, hot solution of bichloride and packed with iodoform gauze.

The wound was redressed in 48 hours and the pus cavity found shut off by adhesions from the general peritoneal cavity. The patient made a slow but steady recovery. A fistulous track remained several months, but finally yielded to curetting, and a 10% solution of chloride of zinc.

In this case there was adhesion between the abdominal wall and the extreme right of the abscess, but this could not be determined before the operation, as there was no more induration or sign of adhesion at this point than any other, hence the usual incision was selected.

Case II.—Non-Perforating Appendicitis. Early Laparotomy. Recovery.

A. N., æt. 33 years, a vigorous looking man, who had been in the eye-division of the hospital for several months, was on December 29, 1889, suddenly seized with excruciating pain in the abdomen referred to the umbilicus. I saw him a short while after the inception of the attack and diagnosticated appendicitis.

I operated the next day, *just 24 hours from the first pain.* At that time the temperature was 102.5F., pulse 116, respiration 32, pain intense and almost constant.

A three-inch incision was made in the right linea semilunaris. The appendix was found running parallel to the cæcum, and attached to the outer side of the same, and adherent to it from base to tip by an extremely short mesentery. It was dark blue, almost black, and greatly distended. It was the size of a little finger. There was not the slightest inflammatory adhesion between it and the surrounding parts. It was separated from and tied off close to the cæcum, and the stump cauterized with Paquelin cautery.

The appendix was not perforated at any point. Upon opening it a hard fæcal concretion, floating in pus, was found. The patient made a rapid recovery.

I think I am safe in stating that this is the earliest operation for appendicitis on record. I also believe the diagnosis in the case, *made three hours after the first pain*, is the earliest diagnosis of appendicitis recorded.

Case III.—Perityphlitic Abscess. Laparotomy. Death.

Charles B., æt. 18 years, laborer, admitted to the hospital April 21, 1890; had been ill for six days with diarrhœa and vomiting. My assistant mistook the case for one of ordinary diarrhœa, and did not call my attention to the patient until 24 hours after admission, when I made the diagnosis of appendicitis.

His temperature (oral) was subnormal, 97° F., pulse 92, full volume, respiration 34, tongue heavily coated. There was anorexia and frequent vomiting. Bowels had not moved for 24 hours. Urinary examination showed considerable albumen and many casts, mostly granular. There were harsh respiratory sounds at the apices of the lungs, and some slight dullness on percussion at the same sites. There was slight abdominal tympanitic distension.

The operation was performed immediately, the usual incision being made. The intestines were found distended, greatly inflamed, dark colored, adherent to each other, and covered with fibrino-pus. A perityphlitic abscess, holding about an ounce of pus, was found at the end of the cæcum near the appendix and the iliocæcal junction. A very small leak was discovered through which the pus passed into the general peritoneal cavity. About a half pint of pus was found in the pelvic basin. The appendix was tied off at its junction with the cæcum, the peritoneal cavity very thoroughly irrigated with Thiersch's solution, and the abscess cavity, as well as the wound, packed with iodo-

form gauze. Patient did not rally and died 8 hours after the operation.

The specimen herewith presented shows that it was a true case of perityphlitis, the appendix and cæcum being inflamed secondarily and by contiguity only, neither of them showing the least inflammation of mucous coat.

This case is of very great interest, and settles the point that these troubles may occasionally originate *outside* of the appendix. I have been unable to find a parallel case to this in the literature of the subject.

The trend of surgical opinion has been that these cases, almost without exception, originate in the appendix; and that perityphlitis, paratyphlitis, etc., are misnomers. I believe the vast majority of surgeons, especially those who have had most to do with these cases, hold this opinion. It is true three or four cases of perforation of the cæcum, independent of inflamma tion of the appendix, have been recorded. How few are these compared to the vast number of cases of appendicitis.

Just how this condition originated I am at a loss to determine, and hence offer no opinion on the subject. But that the inflammation did not take its origin in the appendix or cæcum the specimen before you clearly demonstrates. The facts speak louder than any theory, however finely spun.

Case IV.—Non-Perforative Appendicitis. General Purulent Peritonitis. Laparotomy. Death.

William K., æt. 16 years; admitted April 24, 1890. From Dr. B. M. Hypes, who came with the patient, I learned that he was taken suddenly ill at 1 A.M. the day before, just 36 hours prior to admission, with pain in the abdomen referred to the epigastrium, when a few hours afterward vomiting supervened. The pain and vomiting continued up to the time of his admission to the hospital. His bowels had not moved for 48 hours. Dr. Hypes diagnosticated appendicitis, and brought the patient to the hospital for operation.

The abdomen was somewhat distended and painful to pressure over its entire surface, particularly well marked over the right iliac region; temperature (oral) 99°F., pulse 120, respiration 30. Operation was performed at once under ether anæsthesia, the usual incision being made.

The intestines were inflamed, the coils adherent to each other and surrounded by a large amount of ichorous pus, about a half pint of which was found in the pelvis. The appendix was inflamed, very dark and distended, but not perforated. It was adherent at its tip only. There was not the slightest evidence of an abscess. An indurated foreign body was felt about the middle of the appendix. An extremely offensive, very fœtid, odor emanated from the wound. The appendix was tied off at its base, and the abdomen thoroughly irrigated with Thiersch's solution. The intestines were removed in order to make the toilet of the peritoneum more complete. The wound was packed with iodoform gauze and the open treatment adopted. Patient never rallied from the shock, and died 48 hours after the operation.

A unique point in this case is that suppurative peritonitis existed without perforation. The specimen before you shows the appendix to be intact, not the least evidence of perforation at any point. The peritoneum became infected by diapadesis—transudation of the septic material through the walls of the appendix.

I have carefully examined the literature on the subject but have failed to find a case similar to this.

Case V.—Appendicitis. Laparotomy. Recovery.

Henry F., æt. 21 years, cook, a very stoutly built, hearty looking young man, was admitted to the hospital April 29, 1890. Five days before admission he was suddenly seized with a sharp pain in the right inguinal region, followed by vomiting. This condition continued intermittingly until he entered the hospital. Bowels had not moved.

Examination revealed the usual symptoms of appendicitis. The abdomen was slightly distended, countenance anxious, pain excruciating, temperature 103.6°F., pulse 120, respiration hurried and shallow.

The operation (usual incision) was made at once. The appendix was strongly adherent to adjacent coils of intestine, but there was no abscess. Its tip was in a sloughing condition. A fæcal concretion as large as a navy bean escaped from the appendix while the adhesions were being broken up. The appendix was tied off close to the cæcum, and the stump cauterized with Paquelin cautery, parts irrigated with Thiersch's solution, and the wound packed with iodoform gauze. Patient was put to bed and a large dose of salts administered, which acted freely. He made a rapid recovery, and is now well.

I have operated ten times for acute appendicitis, with three deaths and seven recoveries. All the cases which died were those with general suppurative peritonitis. I made the diagnosis in each case before the operation was performed. I have been able to find but one reported case of recovery of appendicitis when the operation was delayed until general suppurative peritonitis had developed. This was done by Dr. Frank Hartley of the Roosevelt Hospital, New York, the report of which case may be found in the *New York Medical Journal*, December 21, 1889.

Dr. Hartley washed the intestines with a 1–2500 solution of bichloride of mercury, and irrigated the peritoneal cavity with Thiersch's solution. He packed strips of iodoform gauze between the coils of intestines in the neighborhood of the wound, and made a lumbar incision for drainage. The open method of dressing was used. The patient was a boy, æt. 15 years, who had been ill fourteen days.

I have made up my mind to treat cases of general suppurative peritonitis by using peroxide of hydrogen freely, and, after effervescence ceases, to wash out the cavity with a solution of 1–2000 bichloride of mercury,

and in turn washing this out *very thoroughly* with Thiersch's solution. I shall then pack strips of iodoform gauze between the coils of intestines, extending them, if necessary, far into the peritoneal cavity.

As this is almost universally fatal, I believe any measure, however heroic, affording hope of relief is justifiable. I think we need not fear mercurial poisoning if we use the solution of the strength indicated, do not continue it too long, and be sure to wash out the excess of the bichloride.

Dr. Charles McBurney, in a very able article in the *New York Medical Journal*, December 21, 1889, stated: "that in every case the site of greatest pain, *determined by the pressure of one finger*, has been very exactly between an inch and a half to two inches from the anterior spinous process of the ilium on a straight line drawn from that process to the umbilicus."

This test I have found to hold good in my last four cases (all that I have tried it in). I believe it to be a very important diagnostic point. Where an abscess has existed in my cases its inner wall has always been formed by adherent intestinal coils. Chills and tympanitic distention have not been prominent features in my cases.

In but two of the ten could the exploring needle have been used without wounding the intestines. Hence I must agree with the prevailing surgical opinion of the day, that it is fraught with great danger and should never be used. I believe its use is the refuge of the cowardly surgeon, of one who has little faith in his ability to make the diagnosis until a well-marked abscess has formed. Then, too, he who keeps step to the surgical music of the day, desires to get in *ahead* of the abscess, and has sufficient faith in his diagnostic acumen to make a diagnosis of so grave a condition without the necessity of seeing pus.

THE SUPPLEMENTAL—NOT SYMPATHETIC—NERVOUS SYSTEM.

BY HANAU W. LOEB, A M., M.D., ST. JOSEPH, MO.

Professor of Physiology and Hygiene, Ensworth Medical College; Resident Physician Ensworth Hospital.

Read by title before the Missouri State Medical Association, May 8, 1890.

So much confusion has arisen among medical men on account of the expression sympathetic nervous system, and so little in this system understood in a scientific way, that one may be readily pardoned for suggesting a name which, in a measure, at least, is more explanatory of the true function than the old name. There are many reasons for upholding an old and recognized name, some on account of general acceptance, some out of pure sentiment; but this one is associated with an idea in physiology so obsolete and intangible that its ghost as well as its body should have long ago been consigned to the dust of ages.

The older physiologists, and, by the way, they have their disciples in many of the practitioners of to-day, became possessed of the idea that this was a system of nerves which held the different organs of the body with a bond of sympathy, having much to do with the elaboration of functions, both physiological and pathological. At this period of unscientific medicine, the savants of the day looked at the system grossly, made annotations of the wonderful ramifications and apparent anastomoses, and, with an inventive mind, reasoned that its special function was this vague, unnatural sympathy.

But when the day of nerve centers dawned, and when men looked more at the microscopic nerve fibers than at macroscopic appearances, a change of thought was experienced, and things seemed more nearly as they are. The numberless experiments which are constantly being made in neurological physiology easily confirm this advanced thought, and selected ones which I mention will easily show the positiveness of the present knowledge. Cut the sympathetic in the neck and a dilatation of the blood vessels ensues; divide the sympathetic in another portion of the body and a like condition occurs; sever the sympathetic nerves going to the heart and stimulate the peripheral end and the more frequent beat of the heart testifies that some positive action has taken place. All these are phenomena which willingly stand as witnesses of what may be accomplished by the stimulation of the sympathetic or interference with its ordinary action. When, however, it is told that sections of the spinal cord at various heights produce precisely the same results in regard to the dilatation of the blood vessels, and that the same results on the pupil are produced, by section of the anterior roots of the first and second dorsal, as are produced by the cutting of the cervical sympathetic; when other proofs which experimentation furnishes are brought before us, it must be admitted that there is a definiteness in the relation between the sympathetic and the cerobro-spinal. Small comfort, all this, to the sympathetic dogma.

For my own part, rejecting the duality theory, I am much inclined to believe that the sympathetic is an elaboration of the cerebro-spinal; its functions, fundamentally, are precisely the same and in its acme of development it differs from the cerebro-spinal only by virtue of the circumstances of environment and distribution. Oneness of purpose and function characterizes these systems in man just as much as in his prototypes in a lower sphere, and whatever may seem different in the one as compared with the others when brought before the resolving light of scientific investigation becomes the very refinement of similitude. Upon the nervous system do the anatomist and physiologist differ as much at least as on any other subject—the one is satisfied to dissect with the knife, the other is only content to study the dissection as produced by the convex lens. To the latter no nerve is individual, but the elements which make it up are the important points for study. The nerve fibers are therefore considered and the long course of the tiny strands and the different circum-

stances of their wanderings are features of physiological interest.

There are certain data which are well recognized, and which must be recognized to understand anything of the physiology of the nerves. These fulfill so nicely every indication in the way of explanation that the simple statement of them suffices for proof for the thoughtful mind. Nerve fibers all begin in the axis cylinder of a nerve cell, or in a number of nerve cell processes, and pursue an uninterrupted course to another nerve cell or process. They may pass through several nerves, but they are still entities in purpose and work. A nerve center can only convey nervous impression in one way, that is, it carries nerve force to the center or toward the periphery. In the first place the effect is upon the center, and whatever the result is, the center alone is affected; pain, special sensation and the first part of a reflex action takes place. In the latter case a more positive action occurs, such as glandular action, muscular contraction, inhibition and augmentation. The special function of a nerve fiber, therefore, is the transference of impressions, the results varying with the end organs in either case.

The essential point in these statements is that the nerve fibers are more to be considered as individual and elemental than the nerves themselves. Now what bearing has this upon the sympathetic? Just this, the sympathetic is only an extension of the cerebro-spinal system, and the nerve fibers forming this much disputed system are mainly derived from the latter.

The few instructions which I have given, especially in regard to the vaso-motor nerves, are positive and admit no denial. Again, no experiment yet made has shown any phenomena in the sympathetic which are essentially different from those of the central system; certainly nothing that partakes of sympathy has been suggested by any investigation. They are the same centripetal and centrifugal nerve fibers, the same transference of impressions, and the same actions produced, as muscular contraction, glandular secretion and the like.

Besides this, the sympathetic contains fibers which, like the indigenous corn, are to the manor born, having their origin in the ganglia which are so prevalent. This is but natural, for why should there not be individual centers scattered throughout this portion of the grand nervous system just as well as in other parts?

The whole nervous system may be well likened to a grand telephone exchange with an infinite number of living wires entering therein. These wires undergo many perigrinations in their course toward the center, but finally reach it unchanged. The center has many sub-divisions, each of which has its special duty, a care which it exercises with the utmost diligence and attention, and each being connected with its fellows, works with perfect harmony and understanding. The wires leave the central station, a few in smaller cables, the most, however, by one large cable, the spinal cord. From this, smaller cables are given off, many of which are in time collected in a series of large cables, the sympathetic. Throughout this maze of wires are placed relay stations, the nerve ganglia, which assume under the guidance of the grand central station a definite department and duty. These further have smaller cables which connect one with another, and a few who do not pass to the central station. So nicely balanced is the whole system that not one of the millions of subscribers rings his bell but what he is at once appreciated at the exchange or sub-station, and no word is sent from the center but what finds its proper wire and meets an answering word at the end of the long strand.

It is beautiful to note the formation of this sympathetic cable, the complexities of its numerous wires and after all, paradoxical as it seems, the utter simplicity of the whole affair.

I might mention the following nerves, the fibers of which have been almost demonstrated passing through the sympathetic and into the spinal cord.

Viscero-motor, producing peristalsis, through the third, fourth and fifth cervical.

Pupil-dilating, through the seventh and eighth cervical and first and second dorsal.

Cardio-accelerator, through the sixth, seventh and eighth cervical and upper sixth dorsal.

Cervical vasomotor, third and fourth dorsal.

Inhibitory nerves of digestion, through splanchnics and upper dorsal.

Abdominal and thoracic vasomotor, through lower ten dorsal and two upper lumbar.

I would not have you think that in this apparent tirade I seek to belittle or to disparage the importance of this system which I wish to dub the supplemental. Far from it. I only regret that so little is known. However, sufficient facts have, I think, been brought forward to warrant the following conclusions:

1. This system is markedly slower in its actions than the direct system, cerebro-spinal.
2. It is more concerned in the involuntary actions, such as cardiac contraction, peristalsis and glandular action.
3. It is the great medium of reflex action.
4. It possesses functions which correspond in identity and mutations with its foster parent, the cerebro spinal.

Is it not in accord with proper reasoning to consider as explanatory of all these facts, the collection of fibers which have gone under the misnomer, sympathetic, fibers which have for the most part their origin, notwithstanding their course in the brain, and which exert an influence different in degree only from the more direct ones? Every nerve impression requires a certain time for its passage and the greater distance to be traversed in the supplemental system is sufficient to account for the delay. For the same reason the actions are less under control of the will.

Little more need be said. The facts are clear that there is no such thing as sympathy in this system that it possesses to the exclusion of the other. The whole affair is but an outgrowth of the cerebro-spinal system

and being separated from its parent by an anatomical arrangement, a decided improvement upon the old name is to call it the supplemental nervous system.

Ensworth Hospital.

TRANSLATION.

IMPOTENCE IN THE MALE, AND ITS TREATMENT.[1]

BY DR. LEOPOLD CASPER, OF BERLIN.

Translated by Wm. N. Beggs, A.B., M.D., St. Louis.

III.—Impotentia Nervosa Irritativa.

[CONTINUED.]

This form of impotence, which is known under the name of *impotence from irritative weakness* and is often associated with a general *neurasthenia sexualis* has, in common with two groups already described, impotentia defectu, and the psychic form, no organic lesion. The sexual organs and the nervous apparatus caring for the same are both anatomically whole; their functions are performed in a perverse way. All cases in which anatomical lesions may be demonstrated, and probably prevented, do not belong to this class, but to the last group, yet to be described, *impotentia organica sive paralytica.*

In this class it is a question of a functional fault, the location of which is not always evident. If I may, for the sake of explanation, employ a simple, but, as I think, a suitable illustration, let us think of an illuminating apparatus, consisting of an electric battery connected by conducting wires with a platinum wire which is to give light. The tension of the battery, however, is so great that each time the circuit is closed the platinum wire is quickly burned out, so that no permanent light can be obtained. In this case everything is perfect, battery as well as wire, yet it does not operate as it should. If the lack of proportion between the two parts is corrected, which may easily be done, the function of the whole will be restored.

In a similar way we can think of the relations in impotence from irritative weakness. By this we understand the condition of the man in which in attempted coitus the semen is ejaculated at the moment of immissio penis, or even prior to this, before the introitus vaginæ. At the moment when the act should be consummated the penis becomes lax; naturally such men are to be considered as impotent.

As in the illuminating apparatus the battery worked too powerfully, in the same way here the work of the nerves is too strong, they bring about the height of the orgasm, the ejaculation, too quickly and so destroy the ability to continue coitus.

I have purposely chosen this comparison because in impotentia nervosa irritativa there is really an excessive activity of the nerves. According to my experience the sufferers from this affection are generally young people who have been entirely too temperate or completely abstinent in venereal indulgences. Of nine cases of this group occurring in my practices, seven were of this class, while the other two properly deserve the name neurasthenia sexualis.

Of the first seven cases I give one for illustration:

It is a case of a young man, aged 23, of a family in good circumstances. He complained to me that he was unfortunately unable to complete coitus for at every attempt seminal ejaculation occurred before he could suceeed in introducing the member into the vagina. Prior to this he would have a strong erection, which, however, would disappear too quickly. He described his condition as disgracing and unbearable, as it deprived him of the possibility of marriage.

The young man was the only son of his parents, who watched him so incessantly that it was impossible for him to form any sexual relations. When later he had become somewhat more free and made the attempt, he failed and the fiasco repeated itself each time. He had never masturbated, which in him, a frank, truthful young man, was to be believed. He had pollutions once or twice a month.

The trouble had existed for three years without much change. The patient can now, however, bring about an immissio penis at least, although the ejaculation follows immediately thereafter. I do not doubt that this case can be cured by marriage.

This is evidently a condition of over-irritability. The otherwise perfectly healthy man is so aroused by the, to him, so long forbidden pleasure, that the acme of the orgasm is more quickly reached than it is in other men. This hyper-irritability will doubtless be blunted in marriage, however, as I have had opportunity to observe in other cases.

Of the other two cases, one was of a young lawyer, and is noteworthy on account of its termination.

The patient, a powerful, handsome man, was not at all as strictly restrained as the one just described; he early had opportunity for sexual intercourse, in which he was also accustomed to indulge.

While he was a student, however, in consequence of some unknown cause, he became the subject of a general nervous condition which revealed itself by great excitability, restlessness, distaste for work, and sleeplessness. To this was added a constant tickling in the urethra, in consequence of which erections frequently occurred, and at attempted coition ejaculation became too precipitate.

The patient is from a family without vices, and had masturbated a little during youth. The sexual organs are well developed. The urethra, as far as may be determined by the endoscope, is normal, its sensitiveness being rather diminished than increased.

[1]For Parts I., II., III. and IV, see Review of April 26, and May 3, 10, and 17.

The patient became hypochondriacal, especially on account of his sexual affection. I sent him to an hydrotherapeutic institute for a mild course of treatment. After his return he did not feel much inproved. He dreaded marriage from fear that he would not be able to perform his marital duties satisfactorily. I calmed his fears and endeavored to demonstrate to him that it would not be so—indeed I distinctly directed him to marry as a means of cure.

He did as I recommended. I cautioned him that at first it would be worse in married life than with the demi monde, but he should not be deceived by that. His affection was a failing which would diminish day by day, just as youth was an advantage which would decrease with each day.

Three months after his marriage I saw him again. He told me it had been exactly as I had predicted. At first the ejaculation had always occurred before the introitus vaginæ gradually it came to an immissio penis, which was immediately followed by a seminal ejaculation; now the period of voluptuousness is sufficient.

I will now add a last case, so that we may have an example of every form of impotence belonging to the group.

It concerned a teacher who had masturbated rather freely during youth. The neurasthenic troubles did not allow themselves to be waited for long. The patient became restless, changeable in conduct, suffered from sleeplessness, sense of pressure in the head, tickling and irritation in the posterior portion of the urethra. Three or four times a week pollutions occurred, which were followed by great weakness, depression and ill humor. Now and then prostatic secretion was spontaneously passed from the urethra. Coitus was impossible because ejaculation occurred before the patient could introduce the penis.

Upon examination I found the patient very nervous, the sexual organs well developed, the orificium urethræ reddened, the urethra permeable, but, especially in the posterior part, very hypersensitive. Urethroscopic examination gave severe reddening and swelling of the entire pars prostatica urethræ, and also of a portion of the pars membranacea.

It was therefore a case of *neurasthenia sexualis, prostatorrhœa, and impotentia nervosa irritativa.*

I undertook the treatment, giving a favorable prognosis. At first I sent him to an hydrotherapeutic institute, where he should take luke warm baths followed by cold douches, general faradisation, and a partial *anti-fat* treatment. After his return I endeavored to blunt the hypersensibility of the urethra. For this purpose I touched the entire posterior part of the urethra with a 5% solution of silver nitrate once a week. During the last three days of the week he was treated with heavy metal bougies, of constantly increasing size. In the beginning I first used cocaine, but I was soon able to discard it. The orificium externum was so large that I was easily able to introduce bougies up to No. 30 Charriere. At the same time the patient took potassium bromide and ergotin internally.

Under this treatment the patient, who had not attempted coition for three months, improved greatly; his sufferings diminished, the pollutions became more infrequent and the troublesome tickling of the urethra disappeared. Then I recommended the patient to marry. He was not entirely free from doubt, but decided to marry, which brought about a complete cure, both as regards his nervous troubles and his impotence.

These three reported cases portray the forms of irritative nervous impotence as they generally occur in practice.

In the first case it was the complete abstinence which led to the condition of too great irritability, in the other two there was a general neurasthenia, the cause in the one case unknown, in the other masturbation.

I am unable to decide whether the evident inflammatory irritation of the urethra is to be regarded as only a sympton of the general neurasthenia or as an etiological factor which called forth the neurasthenia. This is the question which is constantly repeated in such cases. Many incline to the opinion that the redness and swelling of the colliculus seminalis occasioned by the masturbation causes the nervousness in the form of a priapism and precipitate ejaculation. This opinion, which presupposes a certain degree of peripheral neuritis of the sexual nerves, starting from the colliculus, is to a certain degree enticing, because it affords a fixed basis for the therapy, but is not necessarily on this account correct; anatomical proof has not been furnished. On the other hand it is certain that a local treatment of these inflammatory parts generally cures not only the local affection but also the general nervous condition.

In any case it is our duty to try to reduce the hypersensitiveness of such an inflamed urethra, whether it be the cause or simply the companion of impotence.

Indeed it is proper to attempt a reduction of this sensitiveness of the urethra in those cases in which the erection is complete and an immissio penis occurs, i. e., copulation succeeds, but the period during which the ejaculation occurs is too short. These precipitate ejaculations are normal in certain people of lively nature; they also occur in men, otherwise quiet, who have been abstinent for some time. If they are temporary only, they indicate nothing, for a retardation of the ejaculation spontaneously results; if they are lasting however, they require attention from their bearing on impregnation.

According to the opinions of the present day it is not a matter of indifference under what circumstances the semen gains access to the female genitalia. We now have the belief that in the woman by means of coitus certain reflex movements of the collum and os uteri are produced which favor the reception of the seminal fluid. If now coitus is prematurely interrupted by a precipitate ejaculation, the orgasm in the woman

does not reach the height necessary for the production of these reflex movements. Therefore these precipitate ejaculations, bordering on impotence demand treatment in the interest of conception.—*Deutsche Medizinal Zeitung.*

(TO BE CONTINUED.)

CURE OF MALIGNANT ANTHRAX.—The state of a patient in the latter stages of malignant anthrax is desperate,and recovery very unusual. Dr. Lande describes in the *Memoires de la Societe de Medicine de Bordeaux*, 1889, two cases where this condition was reached, yet the patients were saved by subcutaneous injections of carbolic acid. In the first case, a man, æt. 27 years, the upper lip was the seat of anthrax; in the second, a woman æt. 65 years, the anthrax developed on the interscapular region. Both subjects were very ill, low delirium and other unfavorable symptoms being present. The injections were generally made into the subcutaneous tissue of the peripheral inflamed zone of the anthrax. The strongest solution used when the symptoms were severe consisted of 15 grammes of neutral glycerine and an equal part of distilled water, in which 3 grammes of crystals of carbolic acid were dissolved. The injections were made at five points around the anthrax, and represented a total dose of 50 centigrammes of pure carbolic acid. This solution caused severe pain, but rapid improvement of the symptoms. This 10% solution was stronger than any previously employed for the same purpose by Boeckel, Raimbert, and others. Nevertheless, it does not appear to cause sloughing of the tissues. A 5% solution is strong enough, in the opinion of Dr. Lande, except in very severe cases where the patient feels little pain. The injections must be repeated until the bad symptoms cease to recur, which may occur within forty-eight hours.—*Br. Med. Jour.*

DRESSING THE CORD AFTER LABOR.—T. R. Barker, M.D., in *Times and Register*, says the dressing of the cord, while a very simple matter, is one susceptible of a considerable display of skill. A method worthy of more general adoption is as follows: Take a piece of old, clean, soft linen, five inches long (may be of more than one thickness) and three inches wide. Cut a hole the size of the cord a half inch nearer the end, which is to be the lower when applied. Through this hole pass the cord, fold in the sides over it lengthwise, so that they overlap. Now turn up the lower end and down with the upper, much as one would fold a powder. Each day a smaller piece of linen is to be cut and passed under the first. Any irritation of the skin beneath may be allayed by dusting with pulverized carbonate of zinc or boracic acid. The nurse having applied the binder and fastened it with safety-pins, the child should be laid in a warm situation until the mother is prepared to receive it in the bed with her. The attendant, while supervising the dressing of the infant, must not forget to watch the mother's condition.

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, MAY 24, 1890.

"AN OUTRAGED ORGAN."

"Under the above caption the March number of the *Medical Mirror* takes the profession of St. Louis to task for outrages committed against what a gynæcologist of that city once referred to, in a society discussion, as the "female uterus." We say the profession of St. Louis, because we know of no other city in which such abuses exist as those enumerated by our esteemed contemporary, and indeed we were not aware of the colossal ignorance and stupidity of the average St. Louis physician until informed of the fact by the *Mirror*.

"Our e. c. asserts that the"evidences daily presenting themselves to us prove that the uterus is the most thoroughly wronged and injured organ in the world to-day," and then with a Quixotic intrepidity, which is creditable to his heart if not to his judgment, the editor marshals his hosts of adjectives and bravely assails the perpetrators of these outrages in sledge hammer sentences which remind us of our own early efforts at fighting professional "windmills."

"One great grievance which seems to rankle in the bosom of our sprightly exchange is that the physicians of the thriving little village of St. Louis believe the uterus is "the center of a solar system around which all the planets revolve." Such crude ideas regarding this sacred but "outraged organ" certainly reveal a density of professional ignorance found nowhere outside of St. Louis, and we do not blame the *Mirror* for entering a solemn protest against the dissemination of such erroneous astronomical ideas. Surely a physician who does not know the uterus from "the center of a solar system," could not be expected to know much about the treatment of its diseases, and hence we are not at all surprised that St. Louis physicians treat the diseases of

that organ in the unscientific ways pointed out by the *Mirror*.

"Another thing of which the *Mirror* justly complains is that the women of St. Louis have been curtailed of certain rights and privileges, viz., they are not "allowed the privilege possessed by the rest of humanity of having a headache, due to mental worry," nor "a demoralized nervous system due to lack of rest or improper food," nor is "the poor old liver permitted to have even" the ghost of a show in the production of the multiform and multitude of pains and aches, which make the lives of our St. Louis sisters one long drawn out misery.

"The average St. Louis woman, it seems, has neither stomach, liver, intestines, kidneys, spleen, pancreas, nervous system, brains or heart. She is just all uterus. To quote our aggrieved contemporary, "all of her anat omy has been swallowed up by this organ." This gastronomical feat fully accounts for the "engorgement and enlargement caused by congestion, resulting in heaviness," etc., which seems to prevail as a kind of epidemic among the uteri of that city; and the St. Louis doctors, instead of using measures to make it disgorge the "anatomy" it "has swallowed up," seek to relieve it "by an unnatural support in the shape of a pessary;" "and the victim, in the meantime, is permitted to rush around from place to place, up and down stairs and whither her fancy leads."

The above we clip from the *Indiana Medical Journal*. And yet it has been only a short while since the *Mirror* was making allusions, not complimentary, to "birds who befoul their own nests." Consistency thou art a jewel that finds no reflection in our Medical Mirror!

The Pharmacopœial Convention.

The Pharmacopœial convention for 1890 met in Washington, D. C., on Wednesday the 7th inst. and organized for business by appointing a committee on credentials. About 100 organizations were represented by nearly two hundred delegates present. This convention therefore shows an increased interest in regard to the revision of the Pharmacopœia which was gratifying to see. One member from each delegation was appointed to form a committee to elect the officers for the convention and a committee of twenty-five for revision and publication of the Pharmacopœia for 1890. Erom Missouri there were present seven delegates, representing the Missouri Pharmaceutical Association, the St. Louis College of Pharmacy, the St. Louis Medical Society, the Missouri Medical College, and the St. Louis Verein Deutscher Aerzte.

In the organization of the convention the office of Assistant Secretary went to Missouri, Mr. G. H. Chas. Klie, of St. Louis, being elected to that office. On the Committee for the Revision and Publication of the Pharmacopœia Missouri is represented by two members. Dr. Otto A. Wall was re-elected and Dr. Chas. O. Curtman was also elected. Prof. Otto A. Wall represented the St. Louis Medical Society and the St.Louis College of Pharmacy in the convention, and Prof. Chas. O. Curtman represented the Missouri Medical College, the St. Louis Medical Society, and the St. Louis Verein Deutscher Aerzte.

The work of the convention was exceptionally harmonious, and consisted mainly in considering the principles which are to guide the next committee in the work of revision.

The physicians and pharmacists of Washington entertained the delegates to the convention by an excursion to Mount Vernon on Friday afternoon and a banquet at Marshall's Place, on the Potomac, near Mount Vernon. The novelty to most of the delegates was "plank-shad," freshly caught shad, spread out on planks and baked before an open fire, and they were certainly delicious. The excursionists returned to the city late at night, enthusiastic in their praises of Washington hospitality.

The Instructions, or General Principles, which are to guide the next Committee of Revision, were adopted as follows:

1. *Assay Processes for Drugs.*—It is recommended that assay processes be appended to the descriptions of the more energetic or otherwise important drugs containing active principles, provided the therapeutic value of the drug depends upon the amount of these principles, and provided, also, that these principles can be assayed and identified with reasonable accuracy and without requiring complicated processes. The committee may attach a note stating the usual percentage of these active principles in good commercial samples of the drug, and, if it be found feasible, it may attach a requirement that the drug shall not be used unless it conforms to these limits.

2. *Assay Processes for Galenical Preparations.*—The committee may attach assay processes to such galenical preparations as fluid extracts, tinctures, etc., but it shall omit requirements of a definite strength or percentage of active principles except in the case of drugs for which an upper or lower limit, or both, of active principles is prescribed.

3. *Assay Processes for Opium and Cinchona.*—In the case of opium and cinchona the committee shall adopt such processes of assay as will be found to yield the largest proportion of the desired active principles with greatest uniformity and with least manipulative difficulty, the object of these processes being to ascertain how much of the respective principles can practically be extracted.

4. *Descriptions of Chemicals and Tests.*—In the case of chemicals the degree of purity, or the allowable percentage of impurity, shall be prescribed as closely as practicable. The standard of purity shall be set as high as practicable for legal enforcement, but not beyond a point reasonably attainable by the manufacturer without subjecting any particular product to unnecessary cost through the enforced removal of some harmless and insignificant accidental impurity.

5. *Chemical Formulas.*—Chemical formulas shall be given only in the new notation.

6. *Proprietary or Patented Articles.*—No substance which cannot be produced otherwise than under patented processes, or which is protected by proprietary rights, shall be introduced into the Pharmacopœia.

7. *Nomenclature.*—In the choice of titles of official articles it is recommended that convenience, established custom and considerations of safety against mistakes, through similarity of or changes in names, should outweigh purely theoretical considerations or scientific preciseness.

8. *Specific Gravity.*—It is recommended that the committee define the exact degree of temperature of the standard by which other specific gravities are to be determined, and the specific gravities of the various official liquids shall be determined and stated by the committee, so far as it may be practicable, on the basis of the established temperature and other conditions of the standard.

9. *Weights and Measures.*—It is recommended that the next Committee of Revision direct solids to be weighed and liquids to be measured, the metric system of weights and measures to be employed for this purpose.

10. *General Formulæ.*—It is recommended that general formulæ be introduced for fluid extracts, and that the general formula to be followed in any particular case be merely indicated by reference.

11. *List of Reagents, Tables, etc.*—The tables and list of reagents authorized for the Pharmacopœia of 1880 shall also be inserted in that of 1890, with such corrections or substitutions as may be required to bring them up to date.

12. *Publication of the Pharmacopœia.*—It is recommended that the Committe of Revision, etc., which will be elected by the convention of 1890, be authorized to print and publish, on its own account, the Seventh Decennial Revision of the Pharmacopœia of the United States of America.

13. *Date for the Pharmacopœia to go into Effect.*—The committee shall announce in a conspicuous place, in the printed work, a definite date, reasonably distant from the actual date of publication, when the new Pharmacopœia is intended to go into effect, and to supersede the preceding one.

14. *Compensation of Experts.*—It is recommended that the Committee of Revision, etc., pay the experts and others employed in the preparation and publication of Seventh Decennial Revision of the Pharmacopœia.

The ninth clause was considered of great importance and was made the special order of business for Friday morning. After thorough discussion, the question was put to a vote, and carried without a single dissenting vote, a result that was greeted with enthusiastic cheers by the entire convention. This action brings the Pharmacopœia of the United States up to the same scientific standard of nearly all other Pharmacopœias of the world, and places the Medical Professions of America abreast with their brethren in other lands and adds another step towards the possibility of an International or Universal Pharmacopœia perhaps by the beginning of the next century.

It is to be hoped that the new Pharmacopœia will meet with the cordial reception from the physicians and pharmacists of our country that such a work deserves and its general use can but result in great good to both professions.

Transfusion of Saline Solutions in Post-Partum Hæmorrhage.

This last resort frequently proves to be of great utility in cases of post-partum hæmorrhage, as has been shown in numerous instances. A few words will, therefore, not be amiss, about its mode of use, as described by Dr. Lewis Schooler, of Des Moines.[1]

The transfusion of salt solutions is to be preferred to that of blood for the reason that in the case of the latter it is difficult to obtain the fluid for transfusion, and because the apparatus required is a very complicated one, and therefore not at hand when required. With saline transfusion, however, the solution can be easily prepared, and the apparatus necessary is of the simplest character. Its effect is chiefly temporary, and it is therefore serviceable in cholera, sudden hæmorrhages, and the like.

Dr. Schooler reports a case of secondary hæmorrhage coming on eleven days after parturition, in which twenty ounces of salt solution were thrown into the median cephalic vein, the patient being in a state of collapse. Uninterrupted improvement followed the operation. The solution used consisted of xciii grains of sodium chloride, and xx minims of liquor sodæ to two pounds of distilled water. The instrument used was a three-foot rubber tube ½ inch in diameter, a funnel, and an aspirating needle.

The solution is not always injected into the veins, some preferring the subcutaneous abdominal tissue as a site for operation. Pregaldine thus injected dogs which had lost two-thirds of their blood, using a six per cent solution. He also used it on the human subject after hæmorrhage, the result being successful. Münchmeyer successfully treated eight cases of severe post-partum hæmorrhage by this method, using a 6.1% solution of salt.

Ouabain in Whooping-Cough.

The number of specifics that have been recommended for shortening the duration and lesseniug the violence of this disease are very great, but few if any have redeemed the promises made for them. About the last of the drugs thus coming before the medical profession

[1]Times and Register.

and going the rounds of the various journals was bromoform. It was brought into notice by Dr. Stepp, of Nuernberg, and his statements have been extensively copied. No reports confirmatory or otherwise have as yet been received concerning the use of this drug. Another drug which has recently attained some little prominence in this disease is ouabain. An article by Wm. Gemmell, M.B., in the *British Medical Journal*, gives us some idea of the results that may be expected from the use of this drug. This appears to be the first time that it has been employed in the realm of practical therapeutics. In all, forty-nine cases of whooping-cough have been treated with ouabain. Of these, twenty-five have been dismissed well, four died, and the remainder are yet under observation. The fatal cases died, one of diphtheria, one of tubercular meningitis, one of capillary bronchitis and one of progressive emaciation. Symptoms of ouabain poisoning were present in none of these.

From impartial observations made during the course of treatment the following conclusions were deduced: In the first stage it cuts short the attack, in the second it reduces the violence and frequency of the cough, and in the third it hastens convalescence in a remarkable manner. Its effects are not cumulative; its administration can be stopped suddenly and as suddenly resumed. On beginning treatment ouabain should not be given in doses larger than $^1/_{1000}$ grain every three hours ($^1/_{125}$ grain daily). Children under one year of age should be given one-half of this quantity. From six to twelve years of age, in severe cases, the dose may be $^1/_{500}$ grain, but its effects should be carefully watched. The drug may be given alone, dissolved in water, or combined with potassium bromide and chloral hydrate. The simplest way is to dissolve one grain of ouabain in distilled water so that each minim shall represent $^1/_{1000}$ grain, as:

℞ Sol. ouabain, - - - - - ♏ 48.
Syr. aurantii, - - - - - - ʒiv.
Aquæ ad., - - - - - - ℥vi.

M. Sig.: A teaspoonful every three hours.

The temperature, respiration and pulse are in uncomplicated cases slightly below normal. The danger is from slowing of respiration. The action of the skin is promoted. Diarrhœa, usually so unpleasant a feature, is absent. The amount of urine passed is slightly increased. The appetite improves, the sleep is sound and the general physical condition improves considerably.

In two of the cases under treatment sugar was present in the urine on admission. This diminished in quantity, and in less than three weeks was absent, and remained so during the rest of the stay at the hospital. As Dr. Gemmell remarks, it would be interesting to note the effects of ouabain in cases of diabetes mellitus.

Treatment of Baldness.

Brilliant results have followed the treatment of Lassar, of Berlin, for alopecia pityrodes and alopecia areata (*Ther. Monatschrift.—N. Y. Med. Jour.*). Few cases resist the treatment, and its effect is very rapid. The following procedure is to be repeated daily:

1. The scalp should be lathered well with a strong tar soap, for ten minutes.
2. This lather is to be removed with lukewarm water, followed by colder water in abundance; then the scalp is to be dried.
3. A solution of bichloride of mercury, 1 to 900, the menstruum being equal parts of water, glycerine and cologne or alcohol, is to be rubbed on.
4. The scalp is then rubbed dry with a solution containing beta-naphthol, one part, and absolute alcohol, 200 parts.
5. The final step in the process is an anointing of the scalp with an unguent containing two parts of salicylic acid, three parts of tincture of benzoin, and 100 parts of neat's foot oil. This treatment should be persisted in for a period of six weeks or longer. Lassar is reported to have treated a thousand cases in the manner described. This treatment will probably be of more benefit in the baldness of parasitic origin than in that occurring in young persons of a neurotic temperament, or those who have met with traumatisms of the head and brain.

MEDICAL ITEMS.

"Wet" Drug Stores.—Prohibition in South Dacotah is causing some inconvenience in the drug stores there.

The Virus of Distemper.—Millais has discovered the microbe of canine distemper, and proposes to secure immunity by inoculations with attenuated virus.

London Ambulances.—London is putting into use forty street ambulances, having iron frames, three bicycle wheels, with India-rubber tires, and all the requisites for supplying first aid to the injured.

Lepers in India.—According to the census of 1881, there were 131,618 lepers in all India. It is estimated that there must now be over 200,000 lepers in that dependency, most of whom roam about, shunned by everybody.

An Echo of the Haymarket Massacre.—Two physicians of Chicago have sued and recovered judgment for $457 for surgical services rendered a police officer who was struck in the thigh with a piece of bomb thrown by the anarchists at Haymarket Square during the riots in Chicago.

One Result of Prince Bismarck's Retirement will, says the *British Medical Journal*, perhaps, be a notable improvement in the eyesight of his countrymen. German oculists almost unanimously attribute the ex-

traordinary prevalence of myopia and other defects of vision in the Fatherland to the use of the national black-letter type in school-books. Prince Bismarck has always resolutely stood upon the ancient ways in this matter, and has opposed the substitution of the Roman for the Gothic character in German books. The party of typographical reform is now hopeful of succeeding in its object.

A Strong Breath.—A Baltimore boy is said to have suffered a unique accident. While drinking coffee from a flask his tongue was drawn into the flask by suction, and, becoming fast, swelled, and required the services of a physician to release it. That boy certainly had a pretty strong breath.—*Times and Reg.*

Good-bye to Augusta Free Hospital—Mr. Charles Parsons, of this city, has offered $20,000 to the board of directors of the Augusta Free Hospitial, on condition that the name be changed to the Martha Parsons Hospital for Children, in memory of his deceased wife. The offer has been accepted.

The First Female Surgeon in Austria.—Medical circles in Vienna are said to be somewhat disturbed by an official order granting to a lady, who had graduated at the Berne University, the right of practising in Austria as an ophthalmic surgeon. Before this time even Austrian gentlemen who had graduated at a foreign university have been prevented from practising in Austria.

The Gin Cocktail is known to have certain gladsome and refreshing qualities in those milder states of asthenia which follow a day's work and precede an evening meal. Dr. George T. Maxwell, of Jacksonville, Fla., however, in addition recommends the gin cocktail as closely approaching a specific in yellow fever. His formula is: Good gin ℥viij.; compound tincture of cinchona, ℥ ij.

Phenic Acid in Cancerous Pains.—In a case of mammary cancer, recurring after the third operation, the patient suffered greatly from constant burning in the skin around the seat of the growth. For this no remedy was found until she began using Declat's solution of phenic acid, injected hypodermically in the arm or back, not at the seat of the growth or the burning. The relief was phenomenal.

More Medical Colleges Wanted in Austria.—Professor Billroth thinks that Austria ought to establish a number of provincial medical colleges, so as to secure better surgeons for the smaller towns of the country. At present the Vienna school is the only one in which a thorough surgical training can be obtained.—*Med. Record.*

Why don't they send their students over here? We have the colleges.

The Eiffel Tower as a Mother's Mark.—The Paris correspondent of *The Medical Press* is responsible for the story that a woman from St. Quentin visited (being at the time about four months' pregnant) the late Paris Exhibition. One of the sights which seemed to strike her the most and to have an extraordinary influence on her nervous system was the celebrated Eiffel tower. Small blame to the poor woman! Recently she was confined, and the child bears on its chest a well-defined reproduction of the monument.—*Med. Rec.*

Is Saccharin Inimical to Health?—The Supreme Sanitary Council of Vienna has recently published a report on saccharin, in which it is affirmed that no ill effect is produced on the human organism by that substance, and that it can be used as freely as ordinary groceries. The report states that no single instance has been adduced in which saccharin could be proved to have done harm to any healthy person, and that even in the sick its use does not appear to be attended with any injurious consequences.

The Earliest Marriageable Age of Japanese Women.—In *Sei-I-Kwai* is given the result of an investigation of the above subject. The average age at which menstruation first appears is found to be 14 years and 8 months. The growth of the women in height ceases at the age of 18 years, the average then being 148 cm. The growth ceases in the average at 17 years. Consequently, the earliest marrigeable age is from $14^2/_3$ to 17 years, for women. For men, it is placed approximatively at one year later. The growth of males ceases at the age of 22 years, when the average is 160.03 cm.

The Mechanical Treatment of Erysipelas.—Wolfler has published eighteen additional cases of erysipelas treated by pressure of strongly adhesive plasters. After the plaster is applied the disease extends into the compressed parts of the skin, which swell considerably and remain swollen for several days, and then both the swelling and the fever diminish. He recommends that by way of precaution a second line should be commenced several centimeters distant from the first. The part must be carefully inspected once or twice daily in order to detect any loosening of the plaster. Occasionally the erysipelatous inflammation extends in diminished intensity for a short distance beyond the first line of plaster, but this does not last long.

Prize Essays.—The French Anti-Tobacco Society offers prizes for the best essays on the following subjects: 1. The influence of tobacco and nicotine on the digestion. The prize will consist of a medal with books to the value of £8. 2. A prize of £16 is offered by M. Decroix for the largest record of cases in which affections have been cured by giving up tobacco in obedience to hypnotic suggestion. The patient's age, the length of time he had used tobacco, and the quantity

consumed daily, together with the symptoms presented, and the total number of "suggestions" required to effect a cure, must in all cases be stated. The essays may be written in French, German, Italian or Spanish. Further particulars may be obtained on application to the Secretary of the Society, 38, Rue Jacob, Paris.

BOOK REVIEWS.

Essentials of Examination of Urine, Chemical and Microscopical, for Clinical Purposes. By Lawrence Wolff, M. D., Physician to the German Hospital of Philadelphia; Demonstrator of Chemistry, Jefferson Medical College, etc. Saunders' question compend series.

This book is illustrated by a plate showing the various colors which urine gives in health and disease, by numerous cuts of apparatus for the rapid and easy testing of urine, and by representations of the various sediments, casts, crystals etc.,that the microscope discloses. It will furnish valuable assistance to the inexperienced student, as well as to the quiz master.

Essentials of Forensic Medicine, Toxicology and Hygiene. By C. E. Armand Semple, B. A., M. B., etc., member of the Court of Examiners and Late Senior Examiner in Arts at Apothecaries' Hall, etc. Illustrated with 130 excellent cuts. W. B. Saunders, 913 Walnut St., Philadelphia.

This is rather more extensive than the other numbers of this series of compends, and is also undoubtedly one of the best. Treating, as it does, of a subject that is out of the usual order of medical books, and that too in a condensed and readable form, it will find favor with many who would have little use for the other books of the series. It is not arranged in the form of questions and answers.

Essentials of Diseases of the Skin. By W. Stelwagon, M. D. Saunder's Question Compend Series.

This little volume fully maintains the high standard of excellency established by the preceding numbers of this series.

After a few plates illustrative of the anatomy of the skin, and a general discussion on symptomatology, follows the main part of the work, which is a short treatise on the different affections of the skin taken up in a classified order. Quite a number of good plates are interspersed among the reading matter.

There is, furthermore, an appendix which contains a statistical table, and references to dermatological atlases.

The system of questions and answers, which is employed in the body of the work, gives clearness and conciseness which can not fail to be appreciated by the student.

The book is however also suitable for the use of the busy practitioner, to whom its brevity and freedom from needless detail will recommend it.

Coca and its Therapeutic Application. By Angelo Mariani. Pp. 78, illustrated, cloth. New York: J. N. Jaros, 52 W. 15th st. 1890.

This excellent little treatise on the history, properties and uses of the plant, coca, which has assumed so prominent a place in the *armamentarium therapeuticum* of late years has been prepared by the same gentleman who has done so much towards introducing the drug and teaching us its value as a therapeutic agent.

In it are considered, 1st, the botanical character of coca, its culture, and the mode of gathering it; 2nd, its history, properties and uses; 3d, the physiological researches made in the domain of coca, with a special chapter to cocaine; 4th, its therapeutic application.

Finally, general conclusions and explanations regarding the method of using the different preparations, based on observations made by competent physicians of Europe and America.

An appendix presents a most extensive list of physicians who have voluntarily endorsed vin mariani for its value and reliability.

Essentials of Obstetrics. By W. E. Ashton, M.D. Fourth thousand. 1890. Illustrated. Pages, 200. Saunders' Question Compends, No. 5.

This is an excellent work for the purpose for which it is intended, namely: to assist the student in mastering the essentials of the science and art of obstetrics. The book is well up to the latest advances in the branch of medicine, and may be consulted with advantage by the general practitioner. That it is generally appreciated is shown by the fact that the publication of a fourth thousand has already been found necessary to supply the demand.

Essentials of Gynæcology. By E. B. Cragin, M.D. Pages, 192. With 58 illustrations. Saunders' Question Compends, No. 10. 1890.

Like the preceding volumes of this series, this book is not intended to take the place of the larger textbooks, but merely to assist the student in acquiring a knowledge of the facts which are necessary for a thorough understanding of the subject. As a book of reference it will also be found to be of considerable value to students and practitioners of medicine. The material, embracing all the essentials of modern gynæcology, is presented in concise form, the style is pleasant, and the numerous illustrations make a perusal of the work still more satisfactory.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. V., No. 2. February, 1890, containing:

I. Action of Uric Acid in the Causation of Disease. By A. Haig, M.D. London.

II. Initial Stages of Consumption, Their Nature and Treatment. By Horace Dobell, M.D., London.

III. Ectopic Pregnancy and Pelvic Hæmatocele. By Lawson Tait.

The same. Vol. V., No. 3. March, 1890, containing:

I. The Treatment of Cancer by Electricity. By Dr. J. Inglis Parsons, London.

II. The Dreadful Revival of Leprosy. By Sir Morell McKenzie, M.D.

III. Diseases of Old Age. By Dr. A. Seidell, Berlin.

IV. Urinary Neuroses of Childhood. By Dr. Louis S. Guinon, Paris.

V. Varicose Veins of the Lower Extremities. By Wm. H. Bennett, F.R.C.S.

VI. Uses of Electrolysis in Surgery. By W. E. Steavenson, M.D., London.

Like many of the preceding numbers of Wood's Medical and Surgical Monographs, the above list of subjects for the last two numbers of Volume V., is as attractive and apposite to the times as it is widely diversified. The publishers maintain with unfaltering success their endeavor to present scientific discussions of the subjects that form the questions of the day; this feature makes an emphatic distinction between these monographs and text books, which of necessity are delayed a considerable length of time on account of press work, etc.

In the first monograph uric acid is considered in its relation to migraine, and to various other morbid conditions. Much of value may be derived from this contribution.

Consumption can always furnish food for thought and consideration; and this is especially apparent when a writer of the ability and eminence of Dr. Dobell takes up the subject.

The purpose of this essay is to attempt some sort of articulate answer to the call with respect to the true nature of the first stage of bacillary consumption. The need for some satisfactory solution of the problem is emphasized by the author with the following forcible lines, which he thinks are applicable to the case:

"Here's Hell let loose, and we be flat,
And all the world around is singein,
While General This and General That
Are quarreling o'er the garden engine."

No need for dilating on the value of Lawson Tait's contribution; whatever he writes is worth reading. This monograph is illustrated with excellent plates.

The REVIEW has contained from time to time extracts from the writings of Dr. Parsons on the treatment of cancer by means of electricity, which method he has developed to such a surprising extent, giving as it does, promise of most gratifying advance in this hitherto discouraging field. Our readers now have an opportunity to study his method in extenso in this treatise.

Leprosy is reviving in actuality as well as in interest. No doubt not a few besides specialists will have cause ere long, to "read up" on the subject.

The diseases of old age are considered by Dr. Seidell in respect to the senile changes which occur in the different organs; and the diseases liable to affect the aged.

Hygiene of the aged is given a separate chapter.

The subject of the urinary neuroses of childhood never fails of interest. So long as we hear of "sure cures" for urinary incontinence in childhood, just so long will we hear of contradictions and denials of the efficacy. The true way to discover a sure cure is to study the pathology of the affection in its various phases and respects and apply the remedy to suit the cause and case. Dr. Guinon does not confine his attention to nocturnal incontinence but discusses other nervous affections peculiar to this age, and elucidates his propositions with clinical notes.

From his large experience as Surgeon to St. George's Hospital, with great amount of material in the out patient department to draw from, Mr. Burnett is well qualified to teach much on the subject of varicose veins. And though this is one of the commonest affections with which the profession has to deal, there is room for much concerning it with the majority of us. The management and treatment of cases is considered in both palliative and radical aspects.

The subject of electrolysis in surgery has assumed such importance of late years that the practitioner who does not make use of it in proper cases is indeed deprived of a very advantageous means of treatment and of a short cut to many a patient's gratitude and future enthusiastic support.

In the present treatise after a chapter on electrolysis in general, its application in the treatment of affections of the urinary organs, to diseases of women, to strictures, aneurisms, nævi, etc., is considered at length.

EXCESSIVE VENERY, MASTURBATION AND CONTINENCE. THE ETIOLOGY, PATHOLOGY AND TREATMENT OF THE DISEASES RESULTING FROM VENERAL EXCESS, MASTURBATION AND CONTINENCE. By Jos. W. Howe, M.D., Author of "Emergencies," "The Breath," "Winter Homes for Invalids;" Late Professor of Clinical Surgery in Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, Member of the New York Medical, Pathological and Surgical Societies, Visiting Surgeon to Charity and St. Francis Hospitals, etc. Pp., 300. 1890. Price $2.75. New York: E. B. Treat, 5 Cooper Union.

This volume contains the substance of a course of lectures delivered in the medical department of the University of New York on the Results of Excessive Venery, Masturbation and Continence. In addition to the views and conclusions based on his own experi-

ence in hospital and private practice, the author has added those of the various authorities and writers of Europe and America, together with the peculiar methods of treatment employed by them, so that the present volume reaches a degree of comprehensiveness on the subject named that is probably not surpassed by any other in the English language.

The editor of this journal has had occasion, in a recent paper (see REVIEW of April 16th),to take issue with the prevalent belief in the rarity of long lasting ill effects from abuses of this sort; and he is glad to observe that the author entertains similar views. But we would take issue with him as to the reliability of some of the signs given as indicative of masturbation. For instance, it is said, "The penis is thinner and smaller than usual. It is often elongated, and cold to the touch at different points. The glans is much longer than the rest of the organ; this enlargement of the glans is due to the frequent handling, to the relaxed condition of vascular spaces in the erectile tissue, and the gravitation of blood to the most dependent part of the organ."

Dr. Howe is certainly a clear and forcible writer and his book is a vabuable addition to the literature of the subject of which it treats.

MODERN SCIENCE AND MODERN THOUGHT. With a Supplemental Chapter on Gladstone's "Dawn of Creation" and "Poem to Genesis" and on Drummond's "Natural Law in the Spiritual World." By S. Laing. Illustrated. The Humboldt Publishing Co., 28 Lafayette Place, New York.

We are not surprised to learn of the success of this book in England, where a sixth edition was demanded within a month from the date of first publication, for a more readable book we have not seen in a long time. The principal results of Modern Science, and the revolutions they have effected in Modern Thought, are concisely presented. Here are displayed the results of recent inquiries into the composition and constitution of the earth and of the universe, into the nature and laws of matter, the development of organized and animated existences, the history of man, the myths of all races and the religions of all peoples; dicussions of the nature of force, motion, electricity, light and heat. The display is brillant and instructive. The work is in two numbers—117 and 118—of "The Humboldt Library of Science.

WONDERS OF THE TROPICS, OR EXPLORATIONS AND ADVENTURES OF HENRY M. STANLEY AND OTHER WORLD-RENOWNED TRAVELERS, Including Livingstone Cameron, Speke, Emin Pasha,Dr. Chaillu, Anderson, etc, By Henry Davenport Northrop, D. D., Author of "Earth, Sea, and Sky," etc.J. H. Chambers and Co., St Louis.

This large octavo volume, of nearly a thousand pages, is fairly filled with intensely entertaining material which, considering the recent return to civilization of the famons African explorer, Henery M. Stanley, is especially interesting at this time.

Packed as it is with thrilling accounts of the famous expeditions of the noted explorers named above, of miraculous escapes, wild sports of the jungle, and plain curious customs of savage races, journeys into unknown lands and marvellous discoveries in the wilds of Africa, together with graphic descriptions of beautiful scenery, fertile valleys, vast forests, mighty rivers and cataracts, and inland seas, ferocious beasts etc., all well substantiated for truth and accuracy, we have no hesitancy in recommending it as a work of absorbing interest and valuable information. The illustrations, over 200 in number, though not of the best in execution form by no means the least attractive feature of the book.

STORIES OF A COUNTRY DOCTOR. By Willis P. King, M.D., Assistant Chief Surgeon Missouri Pacific Railway, etc. With Illustrations by T. A. Fitzgerald, Hudson Kimberly Publishing Co, Kansas City, Mo.

We have long been awaiting Dr. Kings promised book. It comes none to soon. To say that we have been interested in it is to put it very mildly. The stories are well told. They have all the fascination of a novel, and breath the sentiments of an honest, true man.

The book should be read by every old doctor as it will recall many familiar incidents to him. It should be read by every young doctor in the land as it will forewarn him of difficulties that lie in his way and give a higher appreciation of professional honesty and integrity. Every quack ought to read it, not with any hope of influencing his conscience, (of which he has none), but that he may see in what profound contempt he is held by all honest, thinking men. The minister, lawyer, doctor, and layman will each be greatly interested in the book and will be benefited by the knowledge it gives him of early western life and the struggles of an honest man in a noble profession. His contests with ignorance (the bane of medicine), and encounters with avarice (the curse of the day), are graphically portrayed by the author.

The price of this book is $2.50. It will be the source of much pleasure, not only to the physician himself, but to his wife and children as well. J. W. L.

LITERARY NOTES.

THE HOME-MAKER.

This excellent magazine has the usual number of interesting articles and illustrations in its May issue. Besides matter from the talented editor, Marion Harland, we notice contributions from Maria Pendleton Kennedy, Caroline H. Staaley, Margaret E. Sangster, Harriet Cushman Wilkie, J. Wells Champney, Preston Con-

nelly, Gertrude Clark, Francis Livingston, S. G. W. Benjamin, J. C. Fernold, E. E. Rexford and others.

The movement, inaugurated by this journal, purposing the erection of a monument in memory of Mary Washington, appears to be receiving the substantial encouragement that it deserves.

UTILITARIANISM. By John Stuart Mill. Humboldt Library, No. 121. Price 15 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

There could be no better evidence of the good work being done by the publishers of "The Humboldt Library" than the present volume. They publish "Utilitarianism" at the modest price of fifteen cents, whereas the imported edition costs $1.75. And yet this fifteen cent edition is fully the equal of the London edition in type, paper, and presswork. As to the merits of the book, it is enough to state that John Stuart Mill is the author.

ORFF'S VALUABLE DIRECTORY.

We have received from the Frank Orff Directory Co., of Omaha, Neb., a copy of the Frank Orff Tri-City Business Directory of Omaha, Council Bluffs and South Omaha. It contains a total of 36,614 distinct names and classifications, besides an alphabetical and classified list of all trades, professions and pursuits for the three cities. Among the many new and original features introduced is Orff's appendix of Omaha, which is an alphabetically arranged index and guide to places, institutions, societies, churches, amusements, etc., in and about the city. Also Orff's Legal, Medical and Dental Directory. To those who desire to reach by circular, the legal, medical and dental profession of these cities, a copy of the work is valuable. Price $3.

CORRESPONDENCE.

MATERNAL IMPRESSIONS AND MONSTROSITIES.

BAILEY, TEXAS, May 1, 1890.

EDITOR REVIEW.—I was called in consultation by Dr. Sullens, to remove an adherent placenta and quantity of clots from Mrs. S., who had, two or three hours before, given birth to a male child with a head of very peculiar appearance. Every feature resembled that of a much excited, but hornless cow. The eyes were the size of a silver quarter, and had a bleared expression; ears the shape of a cow's, being long and pendant, the tongue protruded an inch or more, and the nose was long and distended, the cervical vertebræ joined the head at right angles and the whole head lay on its breast.

History: During the third month of pregnancy the wife and husband were in the cow lot milking; the cow attempted to jump out. The husband threw a stick, knocking the cow down. The wife's attention seemed to be directed more especially to the head of the cow.

The lady said, as soon as she saw the child, that her mind went back to the incident.

I am a strong believer in maternal impressions, and carry marks myself. My mother received a scare from a mad-dog while carrying me. The dog came in the house and had a paroxysm in the fire place. I have an ear and a tooth resembling those of a dog, but I have never been known to bark.

G. B. LAMBETH, M.D.

FOREIGN BODIES IN THE DIGESTIVE TRACT.

CUTLER, ILL., May 3, 1890.

EDITOR REVIEW.—In glancing over a sample copy, April, 1890, of the *Therapeutic Gazette*, I noticed an article with the caption, "Safe Passage of a Sharp Piece of Glass Through the Digestive Tract." Within the last three or four months it has fallen to my lot to meet with two such cases, both in children, and several months previous to this, with the case of a child who had swallowed a common pin. The pieces of glass were from broken bottles and were about one-third of an inch long, and one-half as wide as long, and were very sharp. One of the children passed one piece, the other passed two, all firmly imbedded in the solid stool. The diet was restricted to roasted potatoes and hard boiled eggs, with very little fluid and three five-drop doses of laudanum a day. The pin also came safely through, under the same treatment. All passed in about 60 hours.

J. W. SMITH, M.D.

RIGOR MORTIS IN UTERO.

ATHENS, TEXAS, April 29, 1890.

EDITOR REVIEW.—In the April 17 number of REVIEW, is a report of a case with the above caption reported by Dr. T. J. Draper, of Arkansas. Reading this case leads me to report one of similar nature.

On July 17, 1888, I was called to see Mrs. K., a robust, healthy multipara of good family history. She was nearing the end of ninth month of gestation. She had light fever, considerable torpidity of the liver; no indications of labor. Her chief complaint was pain at points of ribs on both sides, which I attributed to pressure of the gravid uterus, as she was very large.

I gave her a mild mercurial purge, followed by small doses of quinine. I heard no more of the case for four days, when I was called to attend her in labor. The malarial symptoms had subsided, but the pain in the hypochondrium was intensified. Presentation, L. O. A. After delivery of the head, there was an arrest of progress, although the pains were expulsive. After three or four pains I made traction on the head, which had to be increased to an unusual amount of force. This was due to the unyielding condition of the soft parts of the child; the pain in the hypochondrium was still present. The cord was unusually short, about eighteen or twenty inches,

was tied in a knot sufficiently tight to stop the circulation. This accounted for the death of the boy, who was well developed, and weighed ten pounds. Rigidity was well marked in the trunk and limbs; so much so that the limbs and head could only be moved by using considerable force.

A. R. JOHNSON, M.D.

CENSUS OF HALLUCINATIONS.

CAMBRIDGE, MASS.,

EDITOR REVIEW.—May I ask for the publicity of your pages to aid me in procuring co-operation in a scientific investigation for which I am responsible? I refer to the Census of Hallucinations, which was begun several years ago by the Society for Psychical Research, and of which the International Congress of Experimental Psychology at Paris, last summer, assumed the future responsibility, naming a committee in each country to carry on the work.

The object of the inquiry is twofold: 1, to get a mass of facts about hallucinations which may serve as a basis for a scientific study of these phenomena; and 2, to ascertain approximately the proportion of persons who have had such experiences. Until the average frequency of hallucinations in the community is known, it can never be decided whether the so-called "veridical" hallucination (visions or other warnings of the death, etc., of people at a distance) which are so frequently reported, are accidental coincidences, or something more.

Some 8,000 or more persons in England, France and the United States have already returned answers to the question which heads the census sheets, and which runs as follows:

"Have you ever when completely awake had a vivid impression of seeing or being touched by a living being or inanimate object, or of hearing a voice; which impression, so far as you could discover, was not due to any external cause?"

The Congress hopes that at its next meeting, in England in 1892, as many as 50,000 answers may have been collected. It is obvious that for the purely statistical inquiry, the answer "No" is as important as the answer "Yes."

I have been appointed to superintend the Census in America, and I most earnestly bespeak the co-operation of any among your readers who may be actively interested in the subject. It is clear that very many volunteer canvassers will be needed to secure success. Each census blank contains instructions to the collector, and places for twenty-five names; and special blanks for the "Yes" cases are furnished in addition. I shall be most happy to supply these blanks to any one who will be good enough to make application for them to,

Prof. WM. JAMES,
Harvard University, Cambridge, Mass.

SOCIETY PROCEEDINGS.

THE TREATMENT OF LOCAL AND GENERAL PERITONITIS.

The above is the title of a paper read at the recent meeting of the Alabama Medical Association, by Dr. W. E. B. Davis, of Birmingham.

From a study of the experiments of Pawlowky, Grawitz, Wegner and others, he thinks the following points well settled:

First. Simple peritonitis, when caused by a sufficient quantity of a chemical irritant, will produce death by the extent of the inflammation.

Second. Simple inflammation may terminate in septic peritonitis, by producing a weakened condition of the intestines, which permit the passage of septic germs from the intestinal canal into the peritoneal cavity.

Third. While pathological germs in a small quantity may be absorbed by the healthy peritoneum, without producing a peritonitis, the same quantity combined with a chemical irritant may produce a violent inflammation—the irritant having prevented the absorption of the germs and caused by the exudation of a nutrient fluid for their multiplication.

Fourth. Large quantities of septic fluids and microbes always produce suppurative peritonitis; yet, a small quantity of either may be absorbed and destroyed, unless the peritoneum has been weakened by antecedent pathological changes.

Fifth. A septic fluid may gravitate into dependent parts of the peritoneum, and become shut up, either by plastic inflammation, or by a coil of intestine, and thus be prevented from producing diffuse peritonitis, but after a time this may rupture and produce death from general peritonitis.

Sixth. The germs of septic peritonitis will be found in the kidneys and other organs of the body, and in greater quantities, according to the extent and duration of the inflammation.

Seventh. The condition of the peritoneum, and the nature and quantity of the septic product will determine the rapidity of the inflammation, which usually ends in from 48 hours to 6 days, but death may be produced from shock in a few hours. Tubercular inflammation is always slow in its progress.

From a consideration of the foregoing principles, he says the following indications for treatment must be arrived at:

1. Promote absorption of the inflammatory products of simple peritonitis as rapidly as possible, and thus relieve the inflammation and prevent the possibility of septic peritonitis.

2. In the early stage of peritonitis, whether simple or septic, where the cause can not be determined, hasten the absorption of inflammatory preducts, etc, with purgatives.

3. When medical treatment fails to give relief, septic fluids should be removed by operative procedure.

4 .In localized peritonitis—with circumscribed pus formation—the pus should be removed and the abscess cavity drained.

5. In acute septic peritonitis, operative procedure must be adopted early or there will be no chance of recovery offered by the operation, as the inflammation will become more extensive the longer it continues, and, two, there will be so great a quantity of septic germs absorded into the system, that death will result from toxæmia, even though the local inflammation should be remedied by a late operation.

He quotes from Habershon and others, and states that it has been demonstrated, that in the large majority of cases, peritonitis is a symptom of some well-recognized lesion of the abdominal or pelvic viscera, and that the only rational treatment must be based upon this conception of the disease. Peritonitis is not a "disease distinct," as tought by Bichat, and upon which teaching the treatment of Alonzo Clark gained such great popularity. The "opium splint" is irrational, for it not only locks up the products of inflammation, but as shown by Wylie, Johnson, Baldy and others, and by his own experience, subjects the patient to one of the greatest dangers of the disease, viz.: obstruction of the bowels from adhesions.

In case of perforation of the bowel, opium is indicated to relieve pain and shock, and to prevent peristalsis, and further escape of the intestinal contents into the perstoneal cavity. Again, morphine, hypodermically may be used with benefit, in some cases when there is persistent and uncontrollable vomiting; but at the same time, calomel in small and frequently repeated doses, may be dropped on the tongue, and the bowels induced to act. There are many cases in which it is absolutely necessary to give a hypodermic injection for pain, but this should never be given in such doses as recommended by the advocates of the opium treatment, and should not be administered at all unless the patient's condition is being made more grave by the shock provoked from pain.

The first two indications for treatment are best met by free purgation, as taught by Tait and others, and the majority of those who have adopted this plan select the magnesium salts, as they produce very large watery stools. When the stomach rejects salts, calomel may be used.

He refers to a large number of cases treated by him in the most satisfactory manner by purgation—and among them several cases of threatened peritonitis, after laparotomies. During the past year he has not waited for symptoms of peritonitis after a laparotomy, but begins the use of small doses of salts, and if not retained, of small doses of calomel, a few hours after the patient gets from under the influence of the anæsthetic, and aids the purgation by the administration of enemas of milk and whiskey every third hour, which relieve thirst, and stimulate and nourish the patient, if retained.

In these cases he had to give an occasional hypodermic of morphine, but this did not prevent the bowels acting, He has had to depend on calomel oftener than salts, as it was not rejected. He reports cases illustrating how purgative treatment aids in diagnosis, and others to show how all symptoms may be masked by opium, and an operation delayed too long—and concluded by stating that it is very important not to resort to free use of morphine, unless an operation has already been decided on, and this administered to relieve pain and lessen shock.

After cases of abortion, or delivery at full term, in addition to large doses of ergot, to produce rapid involution of the uterus, he has his patients, within 12 or 16 honrs, take a decided dose of salts to prevent peritonitis.

He reports a number of cases of perityphilitis, and advocates early operative interference. Since the cæcum and appendix are always completely invested with peritoneum, as demonstrated by Bull, the abscess of the appendix must be intra-peritoneal at the begining, as has been shown by the experience of McBurney, Wier, Wylie and others.

He agrees with Wylie that should the symptoms of local peritonitis, in the region of the cæcum, not begin to improve by the fourth or fifth day from saline treatment and local applications over the seat of the inflammation, an incision should be made down through the muscles and the peritoneum dissected up, until a place is found where the abscess is attached, and then opened. While the operation would be easier if delayed, the danger of the abscess returning and producing acute septic peritonitis must be borne in mind, and hence the in creased difficulty in doing the operation is more than compensated for in the risk saved the patient.

Cases are reported to show that a negative result with the hypodermic needle should never cause a moment's delay in operating. He operates just as promptly when he can find no pus.

He endorses the views of those who advocate the removal of the appendix in frequently-repeated attacks of appendicitis, for the same reason that he would remove the tubes and ovaries for returning attacks of pelvic peritonitis—when they are the cause of the inflammation.

In acute septic peritonitis, as met with in child-bed fever, or after perforation of the bowels, or from the emptying of the contents of an abscess into the cavity, or after operative procedures, or accidental traumatism, such as gun-shot wounds, stabs, etc., nothing short of a laparotomy can afford any chance of recovery—and this will not offer much unless done very early.

He quotes the experiments of Pawlowsky, and recites his own experiments on animals to demonstrate how rapidly septic peritonitis may be developed and produce death. He also reports a number of cases of gun-shot injuries and stabs of the intestine in which he has seen violent attacks of peritonitis developed in a few hours, and in which the symptoms before operation did not indicate its development. Hence, when the abdominal cavity has been entered, it should be opened and explor-

ed immediately. To wait for symptoms is to wait too long. Give morphine to relieve pain and shock and operate, even though the patient should feel perfectly well after the relief thus afforded.

In cases of perforation of the appendix, etc., the operation should be done at once—unless the patient is almost pulseless—as by so doing the shock will be relieved. The same rule will hold in cases of ruptured abscess. In cases of perforation in typhoid fever, the condition of the patient, before the accident, must be taken into consideration, as pointed out by Mears; but as this is a fatal accident, unless it can be remedied, by operative measures, this procedure should not be condemned without having been tried in a large number of cases.

After a review of the open plan of treatment, as suggested by Dr. B. E. Hadra—which he condemns—he recommends the following method—which should be adopted in all cases of *acute general suppurative peritonitis*, and which will allow of the complete exposure of the abdominal cavity, the removal of the cause of inflammation, and assist in restoring the functions of the intestines.

The abdomen is opened in the median line; the cause, if found, removed; the cavity throughly douched with hot water; all adhesions broken up, and, if tympanites is not marked, drainage tubes are introduced, through which the cavity may be washed out, as indications require. If the cause be found in the region of the cæcum the drainage tubes should be introduced through a second incision in the right iliac region.

In those cases in which tympanites is marked, causing pressure on all the abdominal organs, and thus creating much constitutional trouble, it will require special attention, and upon this point be lays great stress; for this condition is a dangerous one of itself. Not only does the weakened intestinal wall permit of the continued passage of septic germs into the peritoneal cavity and afford constant infection, but it must be remembered that the bowel cannot be replaced without great pressure and consequent traumatism, which will often kill in a few hours from shock thus induced. In advanced cases of peritonitis it must also be remembered that the walls of the intestines are rendered inactive by inflammation, and the power of contraction cannot be restored until the inflammation is relieved; and hence, the bowel will continue tympanitic and the exchange of septic germs kept up, unless this condition is remedied. Dupaul punctured the intestine with a fine hollow needle in cases of tympanites, with dangerous pressure symptoms, and this has been recommended by the leading writers up to this time; even Senn refers to this as a procedure which may be resorted to. This has been tried by the author a number of times and he was never able to see an appreciable decrease in the tympanities, and he argues that it is not reasonable to suppose that a paralyzed bowel could expel any quantity of gas through a needle. He has also practiced making incisions into the bowel, and by pressure attempted to expel the gas, but this does not prove satisfactory. He considers the best method of relieving a distended, paraylzed gut, full of poisonous gas, is to fill it with hot water, as this will not only free it of tympanites but in getting rid of the gas and feces, etc., prevents infection.

Hence, in extreme cases, he believes an opening should be made in the lower part of the ileum, and the bowel thoroughly irrigated. An artificial anus should be formed and the bowel irrigated through a soft tube as necessary to prevent tympanites and adhesions. Purgatives can have but little effect on a bowel, in fully developed septic peritonitis, when nearly all the coats are inflamed; so we must reach it mechanically. With this plan the colon can be washed through a rectal tube, the small intestines irrigated as required through the artificial anus, and the peritoneal cavity drained and douched.

This method meets all the indications of treatment, and is the one which should be adopted in all cases where marked tympanites is present.

SELECTIONS.

ON THE CHOICE OF ANÆSTHETICS.

Dr. Elliott refers brefly to the paper of Dr. Hewitt and Dr. Buxton, read at the meeting of the British Dental Association. He differs from Dr. Buxton in considering that any active morbid condition of the lungs or pleuræ is an absolute bar to the administration of nitrous oxide. He considers the following cases to require special care when inhaling the gas.

(1) Anæmic patients, especially young girls; (2) Patients with feeble and intermittent pulse; (3) Old and feeble individuals. Children take nitrous oxide extremely well.

It should be mentioned that children very readily get spasms of the muscles, opisthotonous is frequently extremely well marked and troublesome to the operator, for this reason it is not advisable to push the inhalation beyond the first sign of muscular twitching.

These rules are given for dental operations.

For the extraction of one or two teeth oxide alone. For more extended operations, nitrous oxide with the addition of ether with the last few inspirations of gas. For an impacted wisdom tooth, with induration of the cheek, and spasm of the masseters, chloroform is recommended, as being more easy of administration, producing greater muscular relaxation and less secretion of saliva. [The necessity for prefering chloroform on these reasons is not altogether apparent—gas or ether is just as easily administered as chloroform, and pleasanter—the difficulty of opening the mouth is more due to induration than spasm: ether produces as complete muscular relaxation as chloroform, and readily overcomes the spasm of the masseters; the secretion of saliva is of variable quantity, often very small.

Attention is drawn to the depressing effects of pro-

longed administration of ether, and the habit of keeping patients too deeply under, practised by many administrators. Once the patient is "well under," anæsthesia can be maintained by Clover's apparatus, with the indicator between 0 and 1.

Cases unsuitable for either are given, as—(1) Children and old people; (2) Operations in which a light and cautery arc used in proximity to the face; (3) Operations about the face; (4) Patients with lung affections; (5) cases of mitral disease with pulmonary engorgment; (6) Fat, fullblooded individualy, and especialls those with large accumulation of abdominal fat; (7) Drinkers.

In extensively fat people ether produces aggravated spasm of the muscles of the jaws, larynx, and chest, and extreme lividity. [The mechanism of these spasms, occurring during the administration of anæsthetics, is very complicated. They are by no means always due to the anæsthetic alone, but are often reflex, coming on when the patient is in a condition of semi-anæsthesia and irritation is applied to certain nerves, especially those supplying the anus and urethra. An operation on these parts, begun before complete insensibility, will frequently produce a state of spasm of the glottis, etc., which, by preventing the entrance of air into the lungs, will hinder the production of more complete anæsthesia throughout the operation, and so keep up the spasm.]

The use of Clover's gas and ether apparatus is recommended. Ether is stated to be more liable to cause sickness than chloroform; but the sickness does not last so long. Chloroform should be used in preference to ether in these cases:—

(1) Chlldren and old people, who as a rule take it extremely well; (2) Operations about the face, or where cautery or light is used in proximity to the face; (3) Cases where there is any lung affection; (4) Mitral diseases with pulmonary engorgment; (5) Where absolute muscular relaxation is required, as for diagnosis of abdominal tumors; (6) In most abdominal operations, *e. g.* herniotomy when coughing is to be avoided; (7) In cases where venous engorgement is a decided disadvantage, as in ligatures of large arteries, *e. g.*, the subclavian; (8) In very fat people.

The usual stress is laid upon having the drug quite pure. The following cases are given, which require special care.

(1) Patients with feeble intermittent pulse who are liable to attacks of syncope; (2) strumous children, especially those the subjects of amyloid disease; (3) Rickety children; (4) Drinkers: (5)Nervous and excitable individuals, and especially those with a presentiment that they are going to die.

The practice of giving chloroform to patients in the sitting posture is condemned.

The usual routine treatment is recommended for chloroform syncope. These remarks are made with regard to nitrite of amyl.

"The use of nitrite of amyl has been extolled as a remedial agent in chloroform syncope. It has been always a mystery to me to know in the first place how the administrator can apply the drug whilst attending to the tongue and artificial respiration, and, secondly, if applied, how it could be absorbed and act in the condition of the patient under question,"

[The mystery is not great. There are almost invariable at least two persons present at an operation, the operator and the anæsthetist. In case of an accident the operator can perform artificial respiration, while the anæsthetist draws out the tongue and breaks a nitrite of amyl capsule before the patient's mouth. Even in the event of only one man being present there is not much difficulty. A pair of tongue forceps clamped far back on the tongue and allowed to hang out of the mouth, by their weight will drag the tongue sufficiently forward, then nitrite of amyl spilt on lint (the chloroformist generally has plenty at hand), can be left over the patient's face while the anæsthetist performs artificial respiration. These methods, either with or without assistance, are easily and quickly managed. The drug is thus absorbed.—the artificial respiration draws it into the lungs, there it is absorbed by the blood, and as there is generally some movement of the blood still continuing, some of it is distributed to the tissues. One thing is certain, that whether or not it assists in recovering the patient, it certainly in most cases produces its ordinary physiological action, as evidenced by the change of colour. It appears to be especially useful in cases where there is great engorgement of the right side of the heart. I have seen several cases which appeared to derive distinct benefit from it.]

This paper concludes with suggestions as to the preparation of patients, that they should not be kept without food for too long before operation, three or four hours without food being sufficient. [Regarding anæsthetics for abdominal operations, it is worth remembering that several successful operators use ether only, notably, Dr. Keith and Lawson Tait.].—Alexander Wilson, in *Med. Chron.*

Treatment of Epilepsy.—M. Cornet (*Jour. de Med.*) reports the results of experimentation in the use of bromide of gold, bromide of camphor and picrotoxin in the treatment of epilepsy. The bromide of gold seems to exert some favorable action in certain cases, although its action is inferior to that of bromide of potassium. No physiological difficulty is experienced in administering 3 centigr. per diem. The remedy is eliminated by the kidneys and the bromine is found in the urine very soon after its ingestion; it disappears slowly. The gold accumulates in the system, its presence having been discovered in the liver; it does not appear in the urine until it has been administered for a long time.

The bromide of camphor, the action of which in epilepsy is still disputed, does certainly possess a favorable action upon the vertigo of epilepsy, which is lessened or even made to disappear. The bromine of camphor is eliminated in the urine, the bromide in the state of bromide of sodium and the camphor in the form of

derivatives. Picrotoxin produces a favorable effect upon the epileptic seizures in the dose of 1½ to 2 milligr. Experimentally it produces epileptiform convulsive attacks. Upon autopsy the toxicity of picrotoxin is witnessed in the hyperæmia of the organs; it is also found deposited in the liver.—*Jour. Am. Med. Assn.*

DIFFERENTIAL DIAGNOSIS OF DISEASES OF THE STOMACH.

Dr. Loundby (*Medical Record*, March 15, 1890) has prepared the following table as an aid to the differential diagnosis of gastric affections:

SYMPTOMS.	GASTRODYNIA.	ATONIC DYSPEPSIA	GASTRIC CATARRH.	ULCER.	CANCER.
Character of pain.....	Dull, heavy.	Dull, heavy.	Burning soreness.	Acute stabbing.	Cutting.
Locality.....	Epigastrium.	Epigastrium.	Behind sternum.	In one spot.	Epigastrium.
Incidence.....	Immediately.	After 1 or 2 hours.	After 2 or 3 hours.	Immediately.	After 1 or 2 hours.
Tenderness....	Sometimes	None.	None.	Usually.	Usually.
Vomiting.....	Usually.	None.	Oftensome retching.	Usually.	Usually.
Hæmatemesis	None.	None.	None.	Usually.	Usually.
Tongue..	Clean.	Clean.	Furred.	Clean.	Variable.
Tumor.....	None.	None.	None.	None.	Usually.
Age.....	Usually under 30.	Any age.	Any age.	Usually under 30.	Usually over 40.
Sex...	Usually female.	Either.	Either.	Usually female.	Usually male.

Gumma of the Heart.—Dr. Turner showed to the Hunterian Society a heart, in the wall of which was an extensive syphilomatous growth with a necrotic central tract. It surrounded and considerably contracted the infundibular part of the right ventricle, three quarters of an inch from the pulmonary valves, and projecting into the left ventricle. The right coronary artery was patent, but the left was occluded by a thrombus, its wall being also much thickened. There was a nodule the size of a large pea in the testis, but no other signs of syphilis were discoverable. There was, however, a history of infection ten years previously. At the apex of the right lung, which was firmly adherent to the chest wall, was a fibroid tract enclosing a small cavity. The specimen was obtained from the body of a potman, aged 37. He had for some years suffered from præcordial pain, palpitation and giddiness, increased four days before admission, when he was nearly run over. His pulse was 52, becoming slower until his death from syncope four weeks later, being 40 on the day proceding. A rough systolic *bruit* was heard at the base and cardiac dulness extended to the right.—*Brit. Med. Jour.*

USEFUL FORMULÆ.

Tobacco and Alcohol Headaches.—The following prescription, for use after excessive indulgence in alcohol or tobacco, is quoted by the *Kansas City Medical Record*:

℞ Aromatic spirit of ammonia, - ʒss.
Spirit of chloroform, - - - ♏x.
Water, - - - - - - jʒ.—M.

To be taken in one dose.

Treatment of Erysipelas.—Dr. Calvelli recommends for the treatment of erysipelas, in the *Bulletin Medical*, Feb. 16, 1890:

I.

℞ Acidi picrici, - - - - ♏xxv.
Aquæ dest., - - - - fʒviijss.

Sig.: To be painted on the affected parts five to ten times daily.

II.

℞ Mucilag. acaciæ, - - - fʒij.
Asidi carbolici, - - - ♏xxv–xl.

Sig.: To be painted on the affected parts twice daily and allowed to dry.—*Med. and Surg. Reporter.*

A Remedy for Chilblains.—The following salve is useful in this affection:

℞ Zinc. sulph., } - - aa grains, 30.
Acid. tannic, }
Ung. aquæ rosæ, - - - ʒvijss.—M.
—*Kansas City Medical Record.*

Prescription for Tympanites.—The following formula for tympanites is quoted in the *Deutsche Med. Wochenschrift*:

℞ Naphthol, }
Magnesium carbonate, } - aa grs., 75.
Pulverized charcoal, }
Oil of peppermint, - - drops, 10.—M.

Divide into 15 powders, of which one is to be given when required.—*Med. Record.*

Comedones.—For the removal of "black heads" or comedones, Dr. Unna used the following application:

℞ China clay - - - - parts, 4.
Glycerine, - - - - - " 3.
Acetic acid, - - - - " 2.

Perfume, sufficient.

The parts affected should be covered with this ointment in the evening, and, if necessary, during the day. After several days all the comedones can be easily expressed, most of them coming out on washing the parts with pumice stone soap.

Another entirely different treatment is proposed by Dr. McCasey, who, having noticed that comedones were easily pressed out of the skin of a patient who had been under the influence of ether, devised the following mixture, which he used in several cases with success:

℞ Ether, - - - - - fʒj.
Carbonate ammonium, - - grs.xx.
Water, to make, - - - fʒij.

The liquid was applied to the affected parts twice a day.—*Druggists' Circular.*

ORIGINAL ARTICLES.

SOME PRACTICAL POINTS IN THE DIAGNOSIS AND PREVENTION OF TUBERCULOSIS.

BY WILLIAM PORTER, M.D., ST. LOUIS.

[Being part of the discussion on tuberculosis at the Missouri State Medical Association, 1890.

There is no need to magnify the importance of this discussion. The study of this decade, I had almost said of this century, has been the study of tuberculosis. We come now to a point where, after many years of work and expectation, we can stop and ask of each other, what have we learned that is new? In what respect have we better knowledge of tuberculosis than our teachers of a score, or it may be, two score of years ago?

First of all, we have now in our possession the key to the situation, so far as positive diagnosis is concerned, and without the ability to demonstrate the pathological condition, what hope for rational therapeutics? It matters little whether it is the bacilli which do the harm or the ptomaines which the bacilli secrete; indeed, so far as a diagnosis is concerned, it matters not whether the bacilli cause the disease, or are the peculiar and characteristic development of the disease, we still have the right to say that where the bacillus is found we know we have tubercle.

I am not willing to admit that the bacillus is the only factor in the production of tubercle. There certainly must be conditions favorable to its development and multiplication; probably there are inherited physical peculiarities which are open invitations to the microbe to enter and take possession. In truth I can hardly conceive that a man who is physically sound should be unable to resist the approaches of the bacillus, but I think I can understand how the bacillus can find its way through a mucous membrane denuded of its epithelium, find conditions in the tissues beneath favorable for its growth and increase, and so multiply that either the bacilli or the products and changes wrought by them will produce tuberculosis.

It is needless to detain you at this late day in attempting to add to the proof already given that "the bacillus tuberculosis is the one fixed fact in the pathology of the disease," and I am perfectly willing to accept the views of Drs. Schauffler and Bremer as to the causative agency of the bacillus added to an inherited or acquired predisposition already alluded to.

To give some idea of the vast number of bacilli that infest a tubercular subject, Heller estimates from microscopical investigation, that 1,000,000 may be found in a cubic centimeter of the sputum, and three times that number in a single expectoration of average amount. Being found in such numbers, being the *sine qua non* of tuberculosis it is important that the practitioner should be readily able to make such examination as will determine the presence or absence of the bacillus in suspected cases. There is not much difficulty in making such examination, thanks to the good workers who have made the way easy. Some of the sputa is carefully dried on a cover glass and floated on a staining solution, slightly warmed. It is then immersed in diluted nitric acid—say one to five—until partly decolorized, when it is dipped into pure water or alcohol to stop the decolorizing process. Then it is to be dried and examined with a lens equal to 500 diameters, although one of less pywer would do. The staining fluid which I have found most practical and one in general use, is composed of fuchsine one part, absolute alcohol 10 parts and 100 parts of a 5% solution of carbolic acid. In some cases I find that more fuchsine may be used with advantage. The three steps in the preparation of the dried specimen are the staining, the decolorizing of all but the bacilli by the acid, and the limitation of the decolorizing process by the water or alcohol. A little experience will make the details of the work plain enough for ordinary purposes.

Granting then that the bacilli are potent for evil, that they exist in such numbers, and that we can find them in the sputa of a patient in whom the physical signs of tuberculosis are present, the practical questions are: How did the patient become infected, and what can be done for him, and what to protect others?

I will occupy your time a little longer with some thoughts upon tuberculosis, as inherited or acquired, and then a few suggestions as to the possibility of cure and the probability of prevention.

Can tuberculosis be inherited? While there is some doubt upon this subject the almost unanimous decision of authorities is, that the bacilli are not as a rule transmitted from the parent to the fœtus. This is possible, and Charrin and Merkel each report a case where a tuberculous mother was delivered of a child with true tubercle, and at a recent meeting of the New York Academy of Medicine, Prof. A. Jacobi reported a case of a seven-months fœtus, born dead, in which tubercles were found. The evidence of the few cases so recorded is defective in that there is no proof of the existence of the bacilli and further demonstration is needed. Malvoz proves that the micro organisms may only pass the placenta when this structure is diseased, and this may account for the few cases of tubercle in the fœtus. We may conclude, I think, with Whitaker, "that while direct transmission is possible, it must be very exceptional, and must be confined to cases of disease of the testicle, ovaries, placenta or to infection of the blood." This latter condition, although found by Weichselbaum, is exceedingly rare.

Whatever our doubt as to the direct inheritance of tubercle, I think we will all agree that a condition favorable to its development is the unfortunate birthright of very many. A poor assimilation, a general catarrhal diathesis which is sometimes found from early infancy,

and according to Ziemssen, the varied disturbances of gastric digestion, neutral or alkaline reaction of the gastric juice, processes of fermentation and decomposition in the stomach, open wide the door for the unobstructed passage of the bacteria.

Coming back to the bacteriological question, we can go a step farther and say that not only is the bacillus the final evidence of tuberculosis, but that no matter how favorable be the condition of the individual for the development of tubercle, there must be the reception and invasion of the bacillus before the tubercular process is complete.

If this be granted, then the thought that the main factor in tuberculosis is acquired or transmitted leads us into a light, full of promise for the future. It is probable that a tubercular condition may remain long latent. An enlarged gland from an otherwise healthy child has been found to contain the tubercle bacillus, and although the majority of cases of tuberculosis in youth are probably preceded by latent tuberculosis of the glands, yet, as Ziemssen says, "this does not prove that in fection occurredat conception or during fœtal life."

We may not be willing to say that in all cases of tubercle the disease is acquired, and I would not urge this point, for the possibility and probability of inheritance has for so many years been so fixed in the professional mind, that more proof than we have, is needed to clearly demonstrate that this conclusion is erroneous. But in a large number of cases, in the vast majority, I believe, the disease, or rather its potential factor, is acquired.

To us, then, whose province it is to meet disease in the most rational manner known to us, comes another question: What is the process of this invasion? Where are the weak points in the citadel of life, and how does the enemy enter?

It is generally conceded that tubercular infection in the most of cases occurs in one of two ways: either through the digestive tract from food containing the elements of disease, or through the respiratory tract by the reception of germs conveyed through the inspired air.

To how great an extent the former is responsible for the development of disease is a question that is hard to determine. In children it seems more than probable, and I will not weary you with proof, that the bacillus contained in tuberculous food, milk or meat, as the case may be, taken into the stomach, is not destroyed because of the abnormal condition of the gastric juice. The gastric juice of the healthy stomach destroys the bacillus or renders it inert, but in a favorable condition as be fore referred to, the bacillus may pass into and proliferate in the intestinal and mesenteric glands.

The more frequent inroad is through the respiratory tract. Why do we not then have frequent instances of primary tnberculosis of the pharynx and of the larynx, especially where, in this climate, there is so generally an impaired condition of the mucous membrane, and often in places destruction of the protective epithelium? Is it not because the free secretion which is so noticeable in this condition, and the more or less constant movement of the upper air passages, prevent the locating and colonization of the bacilli in these localities?

Many theories have been offered to explain why the lung apex is the favorite site for incipient tuberculosis. It has been thought that the imperfect expansion of the apex in ordinary respiration and consequent interference with free blood supply has much to do with it. Hanan has asserted that it is on account of impeded expiratory function that the apex is, as a rule, first invaded. He shows that while the apex may be fully expanded, that the expiratory effort is impeded, and therefore the probability of the expulsion of micro organisms from the apex is comparatively less than from other parts of the lung. To this we may add the deduction of Mendelssohn that even in coughing the apex is not cleared, but will be placed under high pressure, "but the expectoration of foreign bodies and bacteria from the apices will be impeded by the recurrent stream of air, and the entrance of bronchial contents into the alveoli will be facilitated."

It would be interesting to further follow the bacillus and note its entrance through the epithelial cells to the deeper layers, and even to the lymphatics and vessel walls. It would also be interesting if we could with Naegeli and Metschnikoff watch the struggle between the organic cells and the bacteria, and how the micro-organisms may be received and encapsulated by a healthy cell, but rapidly destroy the feeble cells especially when the bacteria are in large numbers. These fortunate points of observation are occupied by a few men, and we cannot all see and critically analyze these struggles in which millions of participants fight for the prize of a human life.

Let us again turn to the practical side of the question, and utilize the deductions which have been cited. We have advanced one step more, and have found how the micro-organism, which is the main factor in tuberculosis, being acquired, reaches its favorite location and begins its work. How may we check its progress in the individual, and how can we prevent its transmission to others?

To the first question we listen in vain for a positive answer. All attempts to destroy the bacillus by germicidal agents have failed, and while here and there an enthusiast is building his hopes on some special form of medication, the great mass of the profession recognize the fact that so far there is no specific remedy for, or method of dealing with, true tuberculosis. Still, we may expect this,and surely this advance, which has been a positive one, made step by step upon a sound pathology, this great advance will not be hindered till we are enabled to add to the positive etiology, pathology and diagnosis a rational and successful treatment and a favorable prognosis.

Thus far our best results have followed the pursuance of the well-worn paths of hygiene, nutrition and expectant medication. I believe in increasing the vitality, in

aiding the power of resistance by proper assimilation of proper food, and so encouraging the vigorous activity of the amoeboid cells. I am willing to go farther than this, and when possible, remove by operative interference, the products of disease.

A case in point which, on account of the recent date of the operation, I will not report in full, but simply use as an illustration: A young married woman, soon after childbirth, had influenza, followed by pneumonia at the left base, and finally by a large abscess. The temperature was high, pulse rapid, hectic well marked, and pus expectoration copious and containing bacilli. A rib was resected, the lung tissue penetrated and a large quantity of pus withdrawn. The patient's temperature inside of twelve hours was normal, and on yesterday, the third day since the operation, there was every evidence of at least great temporary improvement.

Last, but of first importance, is the question how can we prevent the transmission of it to others? So far as we now know there are two ways by which tuberculosis may be transmitted: First, by infected food, and second, by inhalation of tuberculous matter. Much has been written upon these two subjects, and the practical suggestions to meet these dangers are familiar to all of us. It is probable that more care and oversight than is now possible will be needed to always secure meat and milk entirely free from tubercular products. Many following Mocard assert that the danger from this source has been magnified, and that the bacillus cannot withstand the processes of digestion. This is probably true so long as these processes are normal, but as has been suggested above, if the digestive function is impaired, if there be abnormal composition and neutral and alkaline reaction of the gastric juice and a diseased condition of the mucous membrane of the alimentary tract, there certainly is danger of infection. Therefore I hold that the greatest care in this respect is none too great, especially with children. That only milk from a healthy source be used, whether it be from the mother or the cow, and that meat should be inspected in accord with principles already laid down. Just here let me add that there is a source of infection which has been largely overlooked, and that is through poultry. It is natural that we should view with suspicion any evidence in beef or swine, but certainly there must be as much danger from eating the flesh of fowls which have not neglected to feed on sputa from the victims of tuberculosis. The cases presented by Cagny at last year's Congress for the study of tuberculosis, are very instructive upon this point.

The greatest degree of danger of infection, however, is surely in the possibility of receiving the tubercular elements of dried sputa into the air passages, and this, fortunately, is a danger which can be almost entirely avoided. If we but recognize that in each expectorated mass there is the possibility of transmission, we need have little difficulty in accomplishing prevention from this source. What wonder is it that tubercle is every day acquired on our Western prairies, once the asylum for the tuberculous of eastern cities. Why is it that many of the health resorts of the far West are now no longer safe, so far as the danger of transmission is concerned, and that in some places there is an outcry against the coming of visitors with tuberculosis? Is it not because the danger of transmission is being gradually recognized and is exciting alarm?

It would be interesting, did time permit, to report instances which demonstrate the danger of a disregard of the laws of transmission. Many observers have proved that air expired from the lungs, or evaporations from the surface of a patient with tuberculosis never contain bacilli. Dessication is necessary to affect dissemination. Grant this point—and it is too well established to be doubted—and the great boon of prophylaxis is within sight.

The details of precaution still suggest themselves to every thoughtful physician. The general principle involved is to keep the expectorated material moist until such time as the bacilli can be destroyed. In the room of every tuberculous patient, and at every turn of our health resorts, cuspidores should be placed, containing strong germicidal solutions. The bacillus is hard to kill; 1 in 1500 solution of the bichloride of mercury will not always do it. I often order a strong solution of the ordinary concentrated lye for such purposes.

One other thought. It is possible that bacilli from the upper air passages may be carried into the stomach of the patient, where, owing to imperfect digestion, they are not destroyed, and so pass out with the fæces and thus be disseminated through the air. The same caution should, therefore, be exercised in destroying the germ in the fœcal matter as in the sputa.

In conclusion, and briefly, the bacillus is the evidence of tubercle, and is one of its chief causes.

It is difficult with our present knowledge of therapeutics to destroy the germ of disease in the infected patient.

The chief danger of transmission of tubercle is the dissemination of the bacilli mainly through infected food and the inhalation of dried particles of the products of disease.

These dangers can, in a great measure, be overcome by proper precautions.

2830 Locust Street.

OBSERVATIONS ON THE BIOLOGY OF THE MICRO-ORGANISMS FROM A MEDICAL STANDPOINT.

BY PAUL PAQUIN, M.D., V.M., COLUMBIA, MO.

State Veterinarian and Professor of Comparative Physiology in the University of the State of Missouri.

Read by title before the Missouri State Medical Association, May 6, 1890.

We still find among physicians of reputation, as also among those of highest attainment, some practitioners who discredit, or mistrust, what is conveniently termed

the "germ theory of disease." This is no excuse for bringing before this learned association a subject that you may say should be discussed in the class room.

In days past the medical student had no opportunity to equip himself with knowledge attainable only in the laboratory and through the microscope, and then too the sciences that proved the role of micro-organisms in disease, had not accomplished enough to illustrate the facts in the matter. It is necessary, therefore, to keep on discussing this still obscure problem of moment to the medical fraternity, even though superfluous to some of its members, for it is evident that much good may result therefrom. Some men doubt the teachings of the bacteriologist because they will not take the pains to study them carefully; others because the new explanations conflict too seriously with their own creeds; but the majority doubt or refuse to admit, because they misunderstand the propositions, many not being prepared by anterior studies, to grasp sufficiently the deep patho-biological questions involved.

The task of writing on such a profound problem for our State Association is in my judgment a duty that an older and more experienced head of the medical profession of Missouri should have undertaken long since, for it is doubtless the key to the book of knowledge on the subject of microbes, and it is only by bringing lessons (be they ever so humble) home to those whom circumstances debar from better opportunities, that in the near future the members of the medical profession in general, will enjoy the privilege of all the facts and truths about bacteria, and will be enabled thereby, to act on their own individual judgment as to the merits in all cases.

The knotty point that underlies the general and specific properties of bacteria is, just as for organisms, the biological chemistry, the composition, structure, etc., and the consequent mode of life. Thus one must go into details even of elementary character, to interpret well the actions and powers of those infinitely little beings, which our optics unaided by the microscope cannot reveal to our senses.

Let us begin at the beginning. What is a germ of disease? What is a microbe? What is a bacteria? What are those minute living things that some physicians ridicule and flippantly refer to as bugs? I will attempt an explanation.

In the first place, the word "germ" is more convenient to convey the impression as to the origin of diseases, than it is applicable in a specific sense from its own meaning, or in a truly scientific light. It should be eliminated from a correct medical literature. Doubtless, however, it will always be retained as a convenient expression of a popular notion. I shall make use of it here in that sense.

The microbe and bacteria are far better indeed, and more fitting as generic terms.

This being understood let us make our inquisition. We will consider microbic life in general and then the disease bacteria in particular.

To understand well the great interest of the infinitely little organisms in nature, we must realize the important role that these agents of decomposition, transformation, and destruction play, and to realize this we must bring to our minds a general idea of life.

Cast your eyes yonder on the green pastures where graze the beasts of burden; look at the majestic plants of the forests, the grand sturdy oak, the elm, the pine, the weeping willow; gaze an instant on the beautiful lawns and gardens surrounding this magnificent resort. What a diversity of grandeur! What elegance there is in the green carpet of mother earth! What sublimity we encounter in the tall forms of the forests, and the isolated trees! What pleasant diversity we find in the shrubberies that adorn our land! What grace in the flowers of the garden, the lawn! Ah! visible forms of nature, you are beautiful indeed! But much of your splendor is due to little things that we do not see. Without the germs which are the "necessary counter-weights between large plants and animals," thou couldst not boast of gorgeousness.

Yes indeed, the giant oak would loose its noble qualities, but for the properties of the bacteria that control its nourishment; the green grass would not present elements sufficient for the appetite of beasts, were it not for the microbes; the sweet rose even would not tempt the slender fingers of the maiden, nor the beak of humming bird, but for unpopular microscopic beings.

I hear a critic say: "Sir, your notions might be harmonized into poetry perhaps, but they sound too improbable for a serious mind." I answer, follow me to the fountain; and I will in my humble way endeavor to show you the source of your error.

What is a plant? What are the branches, the leaves, the bark? What constitutes its body? What is its structure? What makes its color? What is it and how comes it to be as it appears to our vision? To be brief, the plant is a "laboratory of organic synthesis," it has grown to what it is by proper nourishment, life. And what was the nourishment? Soluble and gaseous elements from the air, the water, the soil, appropriated under the influence of solar heat. I said soluble, gaseous, nourishing elements; look at the maple, the muscular woodman's ax scarcely bites its tough fibres even after repeated blows. Take a chip of it, will it dissolve? Certainly not. The plant then is a complex body whose solid parts are insoluble, though formed of soluble and gaseous elements. It is so of all plants, large and small, soft and hard; formed of soluble dead matter they are insoluble and alive. Mark the wondrous transformation; the mysterious achievement is the product of nature's laboratory.

Animals in their turn live at the expense of plants. Originally from the seed of their like, just as the plants, they cannot grow without nourishment. Some animals live directly on plants and others on animal substances which were formed by vegetable food. Then there is the influence of the oxygen of the air breathed.

Thus, for the nourishment of animals, the vegetable or animal foods are digested, decomposed in the digestive apparatus, rendered soluble, absorbed, assimilated, and then they contribute to the formation of the cells of the body, the flesh, etc., all of which organic matters are, like the solid matters of the plants, insoluble.

We see then that animals too are constructed by laboratory processes from soluble and gaseous dead matters, and the result is again a living mass of insoluble matter. The truth is then, that by these processes of the laboratories of nature, all that lives extracts nourishment constantly from the air, water and earth, and the living forms thus constructed are in their natural state absolutely unfit to nourish other plants; and if by some mechanism the organizable elements of the air and water did not return to the general circulation on earth, they would gradually disappear and the source of the sustenance of life becomes exhausted. The water would become more and more devoid of its utilizable sustances, and the globe would become uninhabitable.

In the actual condition of things in this world, therefore, death must come to render to the earth fresh supplies of organizable matter, to nourish new individuals of the animal and vegetable kingdoms. It is a complete rotation of matter. All that is alive to-day, is sustained at the expense of that which has lived; all that is living must die to nourish new beings. "Nature remakes a body out of the debris of another." (Lucrece).

But now by what mechanism does matter return from the bodies after death, to the general circulation for the consummation of the world? By fermentation. All cadavers putrefy, decompose, and this phenomenon is nothing else than fermentation. And what agents produce the phenomenon? Bacteria. They are the agents that rot the animal body to liquefaction, and thereby return its elements to the mineral kingdom whence a new life may draw its existence; they are the agents that cause the fermentation of the barnyard refuse that can then serve as fertilizer for the wheat fields, and the potato patch; they are the agents that cause the production of nitre and some other minerals in the soils, which are indispensible to plant life; they are therefore the agents that prepare the nourishment of the plant upon which depends animal existence.

We now have an idea of the powers of these "infinitely little germs." Now the question is, by what means can they cause such wonderful transformations? When that is explained, the mysterious veil that is interposed between the mind and the truth concerning the popularly termed "germs of disease" is about entirely lifted, for they all act on the same principle.

I will endeavor to make this rather obscure point as clear as my limited knowledge of the question permits, and then I am done.

The microbes occupy a place in the world, seemingly between the animal and vegetable kingdoms. Although the results of researches are in favor of placing the most of them in the vegetable world, this question is by no means positively solved. But, however that may be, their mode of life in a general way is appreciable. They are reproduced by their like and are nourished just on the same principle that underlies the lives of larger beings.

Let us make one or two comparisons. Animals and plants produce and secrete diastases at certain times for a specific purpose. In the animal, to give only one example, we find that pancreatic juice contains among others, one diastase which has the power to transform starch into dextrine and maltose, for the purpose of making starch assimilable;the sugar beat—as an example in plants, stores in its roots, during its growth, a great amount of insoluble, crystalizable sugar, to nourish the plant during the blossoming period; until then the insolubility of that sugar prevents its assimilation by the beet, but at a given moment the beet needs the stored nourishment, and a diastase (sucrose) is secreted that transforms the sugar into a soluble, assimilable kind; here again is a transformation for the purpose of nourishment. Now what do the microbes do? They secrete various diastases also for the purpose of transforming that which is proper for their nutrition, but found unfit for assimilation with their tissues or structure. And like large organisms too they secrete and excrete, uninjurious and deleterious substances, waste products, etc., during the processes necessary to sustain their existence and to propagate their species. In bacteria these products are termed leucomaines, ptomaines, etc.

So that, generally speaking, the microbes and larger beings nourish themselves by the destruction of matter by similar processes and the results are on the same line.

Also to the tastes of all beings, they vary in the large and in the small; some like living matter, some prefer dead matter. Some men eat living oysters; for instance, dogs devour living squirrels; hogs rejoice in living snakes; but all of them also eat dead substances. It is about so of the microbes. Some consume dead carcasses and others prefer living organs; but all cause some kind of destruction and transformation in the material in which they live and propagate.

This is the whole secret of the disease bacteria. By their life at the expense of living bodies, man or beast, they cause transformations antagonistic of course to the physiological harmony of the cells, the tissues, the circulation, etc.; and these disturbances are manifested by fever and other signs termed symptoms.

The microbes that live at the expense of living organisms are then, in a certain sense, nothing more and nothing less than parasites of a minute size. The words contagion and infection have not now the significance of former days. Microbicism is in reality parasitism.

In conclusion then, the microbes of disease are simply parasitic ferments, which find in living organisms soils fit for their nourishment, development, and propagation. Some, like the bacilli of tuberculosis, glanders,

leprosy, prefer the tissues; others, like the bacteria of anthrax, septicemia, prefer the blood; others still seem to nourish themselves almost equally well in all parts of the body.

And curiously enough, by the way, it seems that those microbes that grow best in the tissues cause the maladies that are entitled truly to the name of contagions, as small-pox, glanders, etc.; whilst those that develope best in the blood, belong to the diseases entitled to the denomination of infectious, such as septicemia, etc.

Wise old physicians with golden specs,
Who think that microbes are imaginary specks,
Study their nature, the plants, the grasses,
The foaming yeast, your tongue, your glasses;
Then you will say of those wee suspects
You sustain life, and you wreck the masses.

CLINICAL LECTURE.

A CASE OF WRY-NECK—OPEN OPERATION.

BY EMORY LANPHEAR, M.D., KANSAS CITY, MO.

GENTLMEN: I have much pleasure in presenting to you James S , æt. 16 years, who desires relief from torticollis, wry-neck, or *caput obstipum*, as it is variously called. We see here the characteristic symptoms of the disease: the head being drawn downward and to one side, and at the same time rotated somewhat toward the opposite side. There is a contraction of both portions of the sterno cleido-mastoid muscle, equally rigid, though often only the sternal portion is involved. The trapezius does not seem to be implicated, as is quite frequently the case. The patient declares the disease to be congenital, and, as bearing out that assertion, we note that there is some deformity of the face and a slight lateral curvature of the spine.

As just mentioned, the case dates back to childhood —in fact, torticollis always does begin in early life and is frequently congenital. In this case the disease may have been due to some injury during birth; he says his mother tells him he was delivered with forceps, and as he gives no history of eruptive fevers, glandular inflammation or other exciting cause, we must presume it to have been congenital.

Our diagnosis of torticollis is easily made since careful examination shows no contracting scar which might draw the head to one side; nor yet is there any marked localized tenderness on pressure over any of the cervical vertebræ to indicate organic disease of the bones—spondylitis, and, finally, as you plainly see, the application of the Faradic current demonstrates the non-existence of paralysis of the opposite muscles. As the patient becomes profoundly anæsthetized the contraction continues; it would disappear if it were Pott's disease.

The question of treatment is the all-important one. The milder cases are sometimes benefited by stimulating applications and by the method suggested by Da Costa, hypodermatic injection of sulphate of atropine, as well as long-continued mechanical extension. If there were paralysis, I should employ the Faradic current and the hypodermatic administration of strychnine sulphate, throwing one-fiftieth of a grain into the paralized muscle three times a week, as you have seen me so often do in hospital work. But we have here a case too pronounced for such mild measures, and must hence have recourse to operative procedures. Two methods suggest themselves—subcutaneous division and the open operation. In the former we would introduce the tenotome about a half-inch above the line of the clavicle, in front of the upper margin of the sternum, slipping the knife beneath the tendon, with the flat surface toward it, then turning the edge outward and cutting the muscle with a sawing motion; the clavicular attachment would then be released by making a small incision through the skin, drawing the cut over the desired spot, carefully slipping this delicate probe-pointed bistoury between the bone and muscle, and dividing the structures from within outward; the wounds would then be dusted with subiodide of bismuth and an antiseptic dressing applied, the pat ent put in bed and the head well supported by plaster-of-Paris, it having been first placed in proper position; if the subject be young, surgeon's plaster answers admirably, a broad strip being placed around the forehead and occiput, and another around the chest, fastening the two together by an elastic band from above the ear of the unaffected side, running across to the opposite side of the trunk, as advised by Ashhurst. A leather corset and head band may look better, but it costs a considerable sum, and is no more effective.

But I want to say to you that this subcutaneous division is one of great delicacy, and is liable to be followed by suppuration with its consequent troubles, no matter how careful the surgeon may be; besides it is one of considerable danger, because of the risk of wounding the external or internal jugular (an accident which has more than once occurred with fatal hæmorrhage), and so I prefer the open operation. In these days of antiseptic surgery this mode of treatment is not difficult or unsafe. I cut down upon the sternal tendon of the sterno cleido-mastoid muscle, making an incision a little more than an inch in length—a longitudinal cut; the tendon is cleared with the forceps, the grooved director slipped beneath it, and the tissue divided. Here may be found some tissues binding down the muscle; they are divided, and temporary compression made. The clavicular attachment is quickly divided in the same manner. Hæmorrhage is but slight, and as it now ceases, I suture the wound and dress with iodoform and antiseptic gauze. Subiodide of bismuth might do equally well, as we now use it extensively with much success in our hospital work.

Instead of using the dressing described a few moments ago, I will apply that of Levart: the head is enveloped in cotton, a plaster bandage wound horizontally

around it, just above the eyes, and another, vertically, over the crown and under the jaw; the bandages meet at the level of the mastoid process, and upon the sound side I introduce this hook with the concavity looking upward. Another bandage is wound around the body below the axillæ, and through all its thicknesses I insert this hook in the middle line, with its concavity looking downward. The head is now forcibly straightened as thoroughly as possible and will be held in its proper place until the plaster hardens; the two hooks will then be united by this band of India rubber which will assist the sterno-cleido-mastoid of the unaffected side in keeping up a continuous traction, and so correcting the deformity. The dressings of the wound will not be touched for fifteen days unless some untoward symptoms arise. As our operation has been a perfectly *clean* one I anticipate no trouble. The patient will now be put to bed, but can soon go about as if nothing had happened.

For some time passive motion and frictions will be employed to hasten complete restoration to the normal state. Owing to the slight curvature of the spine there will always be some deformity, but the appearance of the patient will be greatly improved.

NOTE.—The patient made an excellent recovery, the incisions healing by first intention, as was expected. Every operation lends additional evidence of the superiority of this method over subcutaneous section.

REPORT ON PROGRESS.

THERAPEUTICS.

BY F. NEUHOFF, M.D., ST. LOUIS.

DIURETIC ACTION OF THEOBROMINE.

Theobromine is an alkaloid of cacao, and resembles caffein in chemical composition. Its diuretic properties have been recently studied, experimentally, by Schroeder, and clinically, by Gram.

Schroeder finds, that while caffein produces its diuretic effect by acting both on the kidneys and on the central nervous system, theobromine causes diuresis by acting on the renal epithelium alone. The latter drug is, moreover, far more energetic than the former, and more certain in its effect on the kidneys. It always produces copious diuresis, provided only the epithelium of the kidney is in good condition. It may be said, therefore, to be a "renal diuretic."

Gram has obtained results which are in accord with Schroeder's observations. He states, that theobromine ought to be employed in all cases where diuresis is desired, especially when the renal epithelium is supposed to be unimpaired.

Theobromine, and the salts which are ordinarily prepared from it, are insoluble and, therefore, with difficulty absorbed. To overcome this difficulty Gram has employed a double salt (the salicylate of soda and theobromine) which dissolves in half its weight of water. It acted efficiently as a diuretic in cases of dropsy dependent, in some cases, on cardiac asystolia, in others on albuminous nephritis. But in dropsy following parenchymatous uephritis involving profound alterations of the renal epithelium, little or no diuretic action occurred.

Salicylate of soda and theobromine has in no instance occasioned toxic or disagreeable results, though in one very feeble subject it produced slight vertigo. It has no action on the heart, and may, therefore, be administered in the asystolic period, when the state of the cardiac muscle contraindicates other diuretics. The daily dose is about 90 grains, which should be given in divided doses of 15 grains every two or three hours. It may be prescribed in wafers or in solution with water and syrup of orange peel.—*Le Bulletin Med.*

NAREGAMIA, A NEW EXPECTORANT.

Naregamia alata is the name of an oriental shrub. A tincture prepared from the bark of this plant has been recently introduced by Parke, Davis & Co., and is said to have excellent expectorant properties. It was given a trial in twenty-three cases of diseases of the respiratory tract, under the direction of Prof. Drasche, of Vienna. The result, as set forth by Dr. Schoengut in the *Cen. f. die Ges. Ther.*, indicate that tincture of naregamia is a useful expectorant, when there exists scanty expectoration with excessive cough, or when free expectoration is hindered by excessive viscidity of the sputum. It appears to be wholly devoid of poisonous properties.

In cases of bronchial catarrh associated with heart disease, naregamia speedily relieved the objective symptoms. In cases where emphysema complicated the bronchitis, the drug also acted with characteristic promptness, dyspnœa and rales quickly disappearing under its use.

In the resolving stage of pneumonia, naregamia acted beneficially by increasing the amount of sputum. In phthisis, however, but little good could be observed from its employment. In some cases, temporary benefit was observed, but in others the amount of sputum remained scanty, while the cough became more frequent and harassing.

On account of its irritating properties and disagreeable taste, the tincture should never be given alone.

The following formula is recommended:

℞ Tinct. naregamiæ, - ♏xxx to xlv.
Aquæ laurocerasi, - - - ℥v.
M. S. Ten drops every hour.

Naregamia does not appear to affect the circulation, nor does it change the quantity or quality of the urine.

It dilutes the sputum, and increases it in quantity. It does this, not by bringing about pulmonary hyperæmia, but by a direct stimulation of the bronchial glands. It

has, moreover, the power of exciting the act of coughing itself. How this excitation is brought about is not known. Probably the drug produces irritation of the throat by a local action, and thus in a reflex manner excites the act of coughing.

Carbolized Oil in Scabies.

Dr. Tresilian (*Brit. Med. Journ.*) has used carbolized olive oil (1 in 15 of oil) as a local application in eight cases of scabies in children and adults. The remedy was found to act as efficiently as sulphur ointment, over which it possesses the advantage of being far more pleasant. The local anæsthetic effect of the carbolic acid relieves the pruritus almost instantaneously. The carbolized oil treatment is especially appropriate in cases complicated with dermatitis. For in these cases, the sulphur, though it might kill the acarus, would be apt to aggravate the dermatitis.

Treatment of Typhoid Fever.

Of late, Prof. Mosler has treated typhoid fever by means of solutions of tannic acid administered per rectum. He was induced to resort to this method of treatment because it had been so successfully employed by Cantani in cases of Asiatic cholera. (Of 161 cases of cholera, 83 were treated by tannin enemata, and all 83 recovered. Of the 79 remaining, 34 died, and 45 got well).

Theoretically, the use of tannin enemata may be supported by the following arguments:

1. They restrict the multiplication of the bacilli in the intestinal canal.
2. They render the ptomaines harmless.
3. They effect a mechanical cleansing of the intestinal tube.

The dose of tannic acid employed was 2 grammes in 2 litres of water, heated to the body temperature. The amount of acid was afterwards raised to 10 grammes in the same amount of water. The enema was repeated twice a day. It was administered while the patient was lying on his back. This position is to be preferred to the knee and elbow posture, because the latter is too fatiguing for the already exhausted patient. The position on the back is also superior to that on the side, because it admits of the injecting into the bowel of larger quantities of fluid with less discomfort to the patient. This fact, demonstrated by experience, can be explained by the pressure relationship of the injected fluid.

While injecting the solution, it is important not to use force, to proceed slowly, and to interrupt the stream occasionally. In this manner, the sudden distention of the bowel, prone to cause vomiting, will be avoided. Besides, more fluid can thus be introduced, it will pass higher into the bowel and will be retained longer.

The author cites the histories of six cases treated in the above manner. From them it can be deduced, that the tannin injection has no influence on the temperature curve. It, however, renders milder the course of the disease, especially as regards the nervous symptoms. The exhaustive diorrhœa is always ameliorated, and frequently disappears. In five out of the six cases, the nervous symptoms were completely held under control. In one case, grave nervous symptoms existed as long as a weak solution of tannin was employed, but disappeared as soon as the strength of the solution was increased.

There are certain hygienic advantages of the enema treatment which must not be forgotten. It brings about regularity of the bowels, thus facilitating immediate disinfection of the stools and promoting scrupulous cleanliness of the bed clothes.—*Deutsch. Med. Woch.-Cent. f. Gesam. Therap.*

Sulphonal in Chorea.

In a recent number of the *Med. News*, John A. Jeffries, M.D., gives in full the clinical histories of ten cases of chorea which were treated with sulphonal either alone or in conjunction with arsenic.

Of the ten cases, only five were of recent origin, and these all recovered within three weeks. In two of them, arsenic had failed, in two it was never used; in the fifth, either arsenic or sulphonal alone failed, but when used together they quickly brought about an improvement.

As to the five cases which were of long standing; four were at the age of puberty; three got well, at least for a month; in three, arsenic had failed; in two it was not used. Two did not recover with any treatment.

It is the opinion of Dr. Jeffries that sulphonal is to be regarded as a valuable adjuvant to arsenic. On sulphonal alone many cases are apt to grow pale and show the need of a tonic; this want arsenic supplies, and at the same time affects directly many cases of chorea.

The doses in which sulphonal was employed, were 5 or 6 grains for a patient of 15 years, and 3 grains for one of 4 years.

Aristol.

According to Eichhoff, aristol is destined to replace iodoform, iodol and sozoiodol, on account of its innocuousness, its energetic action and its lack of odor.

It is produced in the form of a reddish brown amorphous precipitate, when an aqueous solution of iodine with iodide of potash is treated with a solution of thymol in caustic soda. Chemically speaking, it is a biniodide of dithymol.

It is insoluble in water or glycerine, slightly soluble in alcohol, and readily soluble in ether.

This new drug is used, either mixed with cold oils, or it is applied in powder directly to wounds or burns. It is not absorbed, and does not possess the toxic properties of iodoform.

It is as efficacious as chrysarobin in psoriasis, and,

moreover, does not stain the skin, and does not provoke conjunctivitis.

Eichhoff employs the following pomade:

℞ Aristol, - - 3 to 10 grammes.
Vaseline, - - - 30 "

After the application of this to the diseased parts, they are enveloped with rubber tissue. The dressing is renewed two or three times a day, directly after washing of the parts.—*Le Bullet. Med.*

Hypnal.

Hypnal, or trichloracetyl-dimethyl-phenyl-pyrazolone, is obtained by the action of chloral on antipyrin. Contrary to the cnrrent opinion, hypnal is a very active compound, which possesses the sedative and hypnotic properties of both of its constituents. In doses of 15 grains it readily produced sleep in twenty-two cases in which it was tried. It is especially applicable in insomnia due to pain or cough.

Hypnal has neither the caustic taste, nor the irritating properties of chloral. It is, therefore, easily administered, and especially suitable for children.—*Ibid.*

Blood Enemata in Chlorosis.

Iron is, so to speak, the heroic remedy for chlorosis. Many patients, however, experience great difficulty in the use of this drug, on account of its irritating action on the stomach. It has, therefore, long been the endeavor of physicians to replace iron by something better in the treatment of chlorosis and anæmia. Bunge said, that iron is more readily assimilated in combination with an organic substance, which takes the place of an acid; and it seems only natural to think of blood, since it contains iron in the form of an organic compound. Moreover, it is probable, that in chlorosis and anæmia there is a deficiency of other elements of the blood besides iron. To give blood itself would seem, therefore, to be the way to cure chlorosis. But as there is a certain repugnance to taking blood by the mouth, Dr. Teisser has advised its administration per rectum. According to his method, 4 ounces of defibrinated bullock's blood, heated in a water bath to a tempeaature of 34°C., are injected into the rectum twice a day. The enema must be retained as long as possible. If it excites colic, a few drops of laudanum should be added to each injection.—*Med. Age.*

Iodide of Potash in Psoriasis.

The excellent results obtained by Dr. Haslund by the use of large doses of iodide of potash in psoriasis, induced Dr. M. P. Vander Horck to try this method of treatment. He gives his experience in an extensive article on this subject, which he read before the Minnesota Academy of Medicine, and which is published in full by the *Northwestern Lancet.*

Out of ten cases of psoriasis to whom iodide of pot ash was administered in increasing doses, eight were entirely cured, and two were improved. No concomitant local treatment was used, except a bath with green soap twice a week.

The iodide was given according to the following method: The beginning dose was 15 grains three times a day; this was augmented by 7½ grains every three or four days, until a daily amount of 135 grains was reached; then the same increase was made every two days, until a daily dose of 270 grains was attained; after that, the daily amount was increased by 45 grains twice a week, until the maximum dose was reached, which varied from 270 to 540 grains a day.

In the majority of cases, improvement became apparent at a dose of about 270 grains a day, although it proceeded more rapidly on increasing the dose. The total amount of the drug necessary to effect a cure varied in the different patients from 14 to 43 ounces. The doses given were not as large as those of Dr. Haslund, but the results were equally as favorable.

Reviewing his own cases and those recorded by Haslund, the author concludes:

"Iodide of potash in large doses, although not a specific against psoriasis, is of undoubted value in the treatment of that disease.

"It is equal, if not superior, to arsenic administered internally, and it should be especially tried in cases which have resisted this drug; also in cases which have resisted or are unsuited for local treatment."

TRANSLATION.

IMPOTENCE IN THE MALE, AND ITS TREATMENT.[1]

BY DR. LEOPOLD CASPER, OF BERLIN.

Translated by Wm. N. Beggs, A.B., M.D., St. Louis.

IV. Impotentia Organica seu Paralytica.

[CONTINUED.]

This fourth variety of impotence differs essentially from those already described. The first three groups have in common that the sexual apparatus acts, so that cohabitation were possible if other preventing circumstances did not coincidently occur. In the first group it was the lack or malformation of one of the organs concerned in connection or a disturbing sickness of a neighboring part which rendered the completion of the sexual act impossible. In psychical impotence we saw the sexual function often in operation but this occurred either at the wrong time or in a perverse direction. In a similar way the cases of the third category showed that the sexual apparatus was capable of action, but its

[1]For Parts I., II., III., IV., and V., see Review of April 26, and May 3, 10, 17 and 24.

action was too intense. It was hyper-excitation which prevented the completion of coitus.

It is different in the variety of impotence now to be considered, organic or paralytic impotence. The patients, in consequence of a permanent or at least more or less permanent anatomical lesion of the muscular, and especially the nervous apparatus connected with the genitalia, are deprived of the first condition of every act of intercourse—the erection.

In none of the first three groups was this wanting. The patients belonging to them could not, it is true, probably make use of the occurring erection, but there was, nevertheless, an erection. In the patients now to be considered the erection is absent.

The genitalia of these patients occasionally show, even on the most exact examination, as little deviation from the normal, as those of the other classes. Occasionally they have a withered, senile appearance. In some of them atrophic testicles may be demonstrated; these are then small, soft, lax, and have entirely or partially lost their specific sensitiveness to pressure, and are more or less insensitive to the electric current; at least it may often be observed that the adjacent thighs show greater sensitiveness, than those organs. Characteristic of these cases is a long, lax, dependent scrotum. The sensitiveness of the penis to the electric current is also perceptably diminished. In many of these patients sexual desire is entirely destroyed or seriously impaired.

These are cases of an organic change in the centers presiding over erection, or in the conducting paths. Which it is has not yet been proven, still it may be assumed that in advanced cases the designated nervous parts are completely degenerated. In others there is only a partial degeneration or only a transient exhaustion of the nerve cells, a so called atony. Accordingly we distinguish in this fourth form two subdivisions; one with a complete and permanent loss of sexual power, the genuine impotentia paralytica, the other with a greater or less disturbance of potence. In the latter an erection occasionally, but on the whole, seldom occurs; it is generally of short duration, and not sufficient for the completion of normal coition. Properly conducted therapy, strengthening and rest can remove the atony in such cases. The patients (differing from those of the permanent paralytic form) may recover perfectly and for a long time enjoy their potency.

To this last fourth form, now to be described, are to be assigned all cases which cannot be ranked in the first three classes, that is all cases of existing sexual impotence in which neither malformation nor defect of the genitalia, psychic abnormality, nor excessive nervous irritation is the cause of the sexual disturbance.

Venereal excesses, especially masturbation, certain exhausting general diseases, diseases of the spinal cord and brain, and finally certain medicines play an etiological role in this class.

As far as venereal excesses are concerned, as has been mentioned before, it is difficult to define the limits, and it varies with individuals. The general condition of the patient gives some information, for most men, certain exceptions excluded, who can unrestrictedly indulge in sensual pleasures, are very much weakened by these sexual excesses; they emaciate although having good appetites. The final result of extravagances is always impotence.

In what way continual excesses are detrimental to the organism, what changes they produce, it is generally impossible for us, with the means now at our command, to determine. Often we can discover no change at all; the individual feels otherwise perfectly healthy, but still he is impotent.

On the other hand we know now that impotence does not result in the injuries formerly assigned to it. All possible diseases were formerly ascribed to sexual excesses, while the reverse is often the case, *i. e.*, the existing general disease results in the impotence.

It is certain that severe sexual excesses result in a general emaciation, but there are many cases, however, in which nothing of the kind is to be noticed, cases in which the individuals feel perfectly healthy. In this connection it is to be remembered that sexual excesses in a natural manner, *i. e.*, *per coitum naturalem*, do not occur as often as is generally believed to be the case because it sets its own limits. After every sexual excess, no matter how powerful the man may be, a period of weakness sets in, which the individual must permit to elapse, until sufficient nervous tension is again acquired to enable him to perform the sexual function again; sexual desire is also correspondingly diminished. Among married people it is extremely seldom that sexual excesses are carried out for any long period. Man and wife generally become cool of their own accord without any external influence. Among the unmarried the difficulties of situation and other circumstances set limits to the overzealous servant of Venus.

In masturbation it is entirely different. Circumstances are much more favorable for excess, and therefore diminution of strength and impotence are much oftener observed after masturbation.

Exerting a developing organ must be regarded as the most injurious of all. An individual can not indulge in sexual excesses until he is sexually mature, means and opportunity are lacking. Masturbation, as is well known, is often practiced in extreme youth. The effect of great exertions which are often elsewhere observed in organs not completely mature, justify the certain conclusion that masturbation before maturity must have farther reaching results than greater excess carried out during maturity.

Then again two are necessary for coitus, one suffices for masturbation. Therefore it is clear that the masturbator will strain his sexual organs oftener than the copulator; the latter requires special time and opportunity, the former has both always. There are persons, who, in bed, on the sofa, while sitting, riding in a carriage, in the theater, at work, children who during their

lessons, masturbate. The greater the sexual inclination the more frequent will be the indulgence. Therefore the fact that the injury resulting from masturbation is greater than that from excess in coitus is to be explained by the greater frequency with which the former is practiced.

To this must be added the later influence (not to be underestimated) upon the nerves. The debauchees of Venus, cheerful and exuberant, are proud of their excesses and seek to supply by good living what they have lost in power, while we find that masturbators almost without exception as soon as they learn that masturbation is a vice, or is injurious to their health, become depressed in spirit, and have a so-called moral "swelled head" (Katzenjammer). The patients know that they are doing wrong, are injuring themselves, but are unable to cease the practice. Often a fearful strife arises between the sexual desire which in them finds satisfaction in masturbation, and the exertion to remain pure. The latter conquers for a time perhaps, until finally the vice always gains the upper hand. We cannot be surprised that such a struggle carried on for decades, as I know to be the case with many patients, shatters the nervous system.

I need not further consider the other injuries (already mentioned in connection with psychical impotence) resulting from masturbation; what has been said explains how long-continued masturbation brings about an atony, and in higher degree also a degeneration of the nerve centers presiding over erection, and thereby a temporary or even a permanent impotence.

I quote here an appropriate case described by Hammond[29] which is also interesting on account of the result. Hammond writes:

"Thus a young theological student who began masturbation at school when twelve years old, continued it up to his fifteenth year, when becoming aware of its deleterious effects he endeavored to stop. Previously he had indulged not over twice a day, but this for a person of his age (or even one of any age) was pernicious excess. After his determination he succeeded in reducing the number to about one in a week, but in the meantime he was troubled with repeated nocturnal emissions. Some one to whom he communicated the fact of the emissions told him that they occurred in consequence of the sudden decrease in the number acts of masturbation, and that they were much more injurious. He therefore resumed the practice, and upon several occasions indulged as often as eight or more times a day. It was no uncommon thing for him to have the orgasm three times without ceasing his manœvers. In these exercises he always had in mind an ideal, a lovely woman with light hair and blue eyes, one who exhibited toward him the most ardent affection. Things went on in this way till his eighteenth year, when he again made an effort to stop, and this time he succeeded better than on the former occasion. He now left college, and being religiously inclined, began the study of theology with the view of entering the ministry. Entering a theological seminary, he devoted himself to hard study and obtained so great a mastery over himself that he had not practiced masturbation for over a year. He was, however, greatly troubled with nocturnal emissions three or four times a week at least, and for many weeks in succession as often as every night. There were many occasions in which he had two in a single night.

"In consequence of all this he fell into a condition of great nervous prostration, in which the chief feature was cerebral hyperæmia, and which was further characterized by wakefulness, pain in the head, twitching of the muscles of the face, noises such as roaring and hissing in the ears, and an inability to cencentrate his mind on the subjects of his study. At night his condition was particularly distressing, for he was afraid to go to sleep even when towards morning he felt sleepy, lest he should have a seminal emission. In sheer desperation he had while awake in the long hours of the night masturbated several times, one after the other, and then met with a degree of mental composure which otherwise was never present. It really seemed to him as though the act of self-pollution was, after all, the only thing that gave him relief, and but for the consciousness that he was doing wrong and the inevitable feeling of remorse which tormented him the following day, he would have given himself up without restraint to the deleterious habit. In all these acts and in all the lascivious dreams which accompanied the emissions at night it was always a lovely, pure and religious woman with light hair and blue eyes with whom the intercourse in imagination took place. Finally after continuance of the condition for nearly four years, during which period he was several times on the point of renouncing his intention of entering the ministry, he took orders, and settled down in charge of a country parish, unfit either mentally or physically for the duties he had assumed. But he began to find that it was indispensable for his usefulness, and he was much disposed to think for his health also that he should marry. He had never in his life had sexual intercourse, and had never experienced the erotic manifestations which some young men of vigorous health are apt to feel when thrown into intimate relations with women. Still he had no reason, so far as he could determine, to suspect the existence of any inability to enter the marriage state, and as there was a young lady in his congregation who very nearly fulfilled all the requirements of his masturbatory imaginings and his lascivious dreams which accompanied nocturnal emissions, he resolved to propose to her both as a measure of feeling—for he was much attached to her, as well as of expediency. He did so, was accepted, and the marriage in due time took place. The first night was passed at a hotel in the city of New York, and the next morning the young husband called upon me in utter despair and with the information that he was impotent.

At first I thought this was one of those cases so frequently met with in young married men, in which there

is temporary impotence from mere excess of desire or want of confidence, and which disappears in a few days under the use of some placebo; but further inquiry, which resulted in the elucidation of the history just given, convinced me that a much more serious instance of genesic disturbance existed. I was satisfied that there was a state of great sexual debility present, which was the direct result of excesses he had committed. Continual questioning led to the information that his desire had been moderately great, but that his sexual power had been utterly wanting. There had been no erection, or any approach to one, and the result was that after many attempts at intercourse in the expectation that success would attend the efforts, he had desisted, had gone to sleep, and during the night had had two seminal emissions. In the morning the attempts were renewed, and again without success.

In this case there was no mental trouble, no sentimental idea to be fulfilled, no intercurrent thought rushing through his mind and abolishing all desire. So far as the mind went, there was nothing except that he had to admit that the real woman lying by his side was incapable of causing the same degree of sexual excitement as had attended his mental images awake and asleep. As a strongly sapid substance destroys the perception of the tongue for delicate flavors, so the vivid images which had hitherto filled his mind had rendered the normal physiological stimulus of no avail, and in addition there was the loss of power consequent on excess, a result which is, perhaps, more clearly manifested in regard to the organs of reproduction than those concerned with any other function of the body.

The case was certainly a very unpromising one, but as the physical examination showed that the organs themselves were in good condition, I could not make up my mind that it was hopeless. I advised that he should at once occupy a separate room from that of his wife, that for the present no further attempts at sexual intercourse should be made, and that he should stay in New York about a month for the purpose of receiving such local and other treatment as his case required. This was, he declared, impossible, and he accordingly took his leave, disgusted with himself for the hopeless condition into which he had fallen, and with me and the science of medicine, that he could not be cured in twenty-four hours.

But on the fifth day he returned, having in the meantime utterly failed to consummate the marriage, and ready to agree to any terms that I might impose which were at all likely to result in a restoration to sound sexual health. On my certificate that he was affected with a serious disorder of his nervous system, which required treatment, he readily procured a leave of absence from his congregation, and then he put himself definitely under my care. He and his wife occupied separate rooms in the hotel at which they stopped, and he pledged his honor that on no account would he attempt sexual intercourse till I gave him permission.

The first thing to do was to arrest the nocturnal emissions, of which he had had one, sometimes more, every night since his marriage. To this end I prohibited sleeping on the back, and enjoined the use, morning and night, of cold baths, with friction of the whole body after each with coarse towels. He was also to walk at least five miles every day, and to go to some place of amusement of a cheerful character every evening. Internally his food was to be of a highly nutritious character, of which fat, in some form or other, preferably cream, was to constitute a large proportion. His dinner was to be taken not later than 2 o'clock, and a couple of glasses of Burgundy were to be drunk with it. For medicine, I prescribed the following:

℞ Sodii bromidi, - - - - ℥j.
Pepsin, Fairchild's,
Pancreatin, Fairchild's, - - aa ʒjss.
Glycerinæ,
Aquæ, - - - - - aa ℥ij.

M. Dose, a teaspoonful in a little sugar and water three times a day after meals.

My objects in giving this mixture were to lessen the reflex and automatic excitability of the generative system, to relieve the cerebral hyperæmia, and to promote the digestion of food.

At bedtime he took a capsule of five grains of the monobromide of camphor.

Every morning I applied statical electricity to the penis and testicles, and to the whole length of the spinal cord, drawing inch sparks from the former organs, and from three to four inch sparks from the spine. This was continued for about fifteen minutes. Though painful, the effect was all that could be desired; the blood vessels of the penis became visibly distended, and the whole organ assumed a deeper red color than it had possessed, as he said, within his recollection. For several hours afterwards a warm pleasant glow was felt in the penis and scrotum.

Twice a week I applied by means of an urethal electrode a galvanic current from eight cells to the membranous and prostatic portions of the urethra, with the object of diminishing the morbid excitability which evidently existed in those parts. I may say that examination with the sound had previously demonstrated the hyperæsthetic condition of the parts in question. I had at first thought of cauterizing them with Lallemand's instrument, but decided upon galvanism as being the less painful, and equally or more efficacious. In the very severe cases, however, Lallemand's procedure is preferable.

Under this system of treatment the general health of patient began to improve from the first. The nocturnal emissions ceased entirely on the fifth night. On the first night he had one, but without a dream; on the second, two; on the third, none; on the fourth, one; on the fifth, none, and there were no more while he was under my observation.

On every night after the second he slept for from six to eight hours, and in the morning he awoke, refreshed and cheerful. On the morning of the eleventh day he

had an erection, which, however, was due to a distended bladder, but which, nevertheless, was the first of the kind he had experienced for several years.

On the fifteenth night he had a lascivious dream in which the usual images did not appear, or, if they did —and upon reflection he was a little doubtful on the point—they were less distinct than they had been. They were not accompanied by an emission. The next morning he had another erection, accompanied by a slight desire, and every morning thereafter while he remained under my care he had an erection, sometimes with and sometimes without sexual desire.

He had now been two weeks under treatment, and the general results may be summed up as follows:

Sound sleep every night.

Freedom from pain or other uncomfortable feeling in the head.

A strong hearty appetite, with good gastric and intestinal digestion.

Cessation of the nocturnal emissions and of the lascivious dreams.

A return of the matutinal erections, and of normal desire in connection with them.

Frequently during the day desire with erections. These, however, were not as yet strong, and I continued my prohibition in regard to attempts at intercourse.

On the fifteenth I suspended the administration of the bromide of sodium, continuing, however, the mixture with the other ingredients unchanged; and in addition I prescribed the following solution:

℞ Strychniæ sulph., - - gr. j.
Acidi hypophos. dil., - - ʒj.
M. Ft. sol.

Dose. Ten drops three times a day before meals in a teaspoonful of the fluid extract of coca.

I gave this mixture for the reason that I know of no better tonic for the sexual organs, until the abnormal state of erethism into which they get by abuse has been relieved, than strychnine, hypophosphorous acid and coca. It is necessary, however, not to give it immediately before going to bed, as without this precaution it may produce seminal emissions.

From this time on his condition continued to improve. He had gained over ten pounds in weight, was getting stronger every day and more cheerful, and altogether more normal in his mind. His erections were occasionally tolerably strong, but, as a rule, though he had several every day as a consequence of the very vivid desires which he experienced, they were not by any means of natural strength. He was very desirous of going home, being convinced that he could carry on all the treatment but the electric as well there as in New York. This was probably true, but as I attached a great deal of importance to this part of the management of the case, I declined to give my consent. He had now been under my charge for twenty days, and I felt confident that a week or two longer would complete the cure. On the night of the twenty-first day his wife left her bed and got into his, and he, in disregard of his pledge, attempted intercourse, and with a measurable degree of success. I judged, however, that the emission was premature. The next morning he was filled with remorse, and not only renewed his pledge, but promised, in addition, that his wife should go home and prepare the house for his return. This, however, was not what I wanted. I desired her presence, under restraint, as a constant stimulus to him, but I did not want things to be carried to extremes again till he was strong enough to act his part in a physiological manner. There were, I have reason so believe, no further infractions of discipline. On the night of the thirty-second day he attempted intercourse with my partial consent. I knew he would do better if I allowed him to make the attempt with seeming reluctance than if I gave him full liberty to do as he pleased. In sexual matters, as in many others, the desire and the power are stronger with forbidden fruit than with that which can be had for the asking. The end fully justified the means, for he informed me the next morning, with great satisfaction, that I was over-careful with him, and that he believed he had done all that could have been reasonably expected of him.

I then allowed him to go home, but continued all the treatment, excepting the electricity and the nightly dose of the mono-bromide of camphor. I thought he ought to continue the whole system, with the exceptions mentioned, for three or four months.

And I warned him in the most solemn manner that, under no circumstances, was he to have sexual intercourse more frequently than once a week for at least a year, and perhaps even longer. More than a year has now elapsed, and I have every reason to believe that he has strictly followed my injunction. He writes that he is determined not to go beyond the limit fixed, that his happiness is complete, and that neither he nor his wife are willing to exceed those moral and physiological bounds which nature has imposed; that she is pregnant, and that they both look forward to the birth of the child a sign that God has forgiven him the sins and indiscretions of his youth.

As far as the further etiological factors are concerned, I have mentioned certain exhausting general diseases as the cause of paralytic or organic impotence. I shall not consider severe acute fevers, during the course of which the generation of spermatozoa decreases or even may entirely cease,[30] because the previous potency is of no importance. Also the succeeding period of convalescence, during which the patients are still exhausted and impotent, is of no moment, since in almost every case the potence is restored with the restoration of strength.—*Deutsche Medizinal-Zeitung.*

[29]Op. citat.

[30]Rosenthal. Ueber den Einfluss von Nerven-Krankheiten auf Zeugung und Sterilitat. Wiener Klinik 1880, Heft 5, p. 165.

[TO BE CONTINUED.]

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

Communications relating to the literary part of this journal should be addressed to the editor, at 1006 Olive Street.

Communications relating to subscriptions and advertisements should be addressed to J. H. CHAMBERS, 914 Locust Street.

Original Articles, Reports of Cases, Correspondence, etc., relating to interesting medical topics, are cordially invited.

Twenty-five extra copies will be furnished free to the author of each original article.

Illustrations will be furnished free when drawings accompany the contribution.

Contributors desiring reprints can obtain them on favorable terms by applying to the publisher immediately after their articles have been accepted for publication.

Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, MAY 31, 1890.

AMERICAN MEDICAL ASSOCIATION.

The forty-first annual meeting of the Association has been held. The delegates have discharged their duties, have nominated their committees, who, in turn, have determined who should be the standard-bearers for a future congress. The surprises, the triumphs, the disappointments and the interesting incidents of the 1890 session are of the past.

While the meeting may be pronounced a successful and satisfactory one, in a general way, it was not marked by the presentation of anything startlingly new or striking in a scientific way. The political questions which came up probably aroused more animated discussion than those more strictly medical. And, as would naturally be expected by those who have been the recipients of Southern hospitality, it may well be said that the social features of the occasion were by no means the least important or enjoyable. We all anticipated a royal welcome, and a charming visit among *friends*. We realized these—and more. Accommodations were abundant and were hospitable. Those who were unable to find quarters at the hotels were referred without delay to the homes of the citizens, and no doubt many congratulated themselves that Fate and the flood of delegates had given them the opportunity thus afforded for living on "home cooking" and for becoming better acquainted with the Nashvillians.

The entertainments given to the members were numerous and various, and with them was extended the right hand of fellowship with such a hearty good will that even the most retiring and reclusive contingent of the "busy practitioner" was metamorphosed into the gayest of the gay. They stopped not at the more quiet and sedate receptions in the dwelling houses, but abounded at the seminary, and looked radiant under the inspiring presence of the many and lovely (about to be) sweet girl graduates. It was surprising how much confusion a simple inquiry as to wife or children would make in such groups.

The ladies of Nashville certainly deserve the tribute of thanks and appreciation, which we now gladly render, for their untiring efforts, individual and united, to entertain the visitors, both the members of the association and their wives and lady friends. The receptions were handsome, elaborate and were enjoyable in every respect. In this connection we must not forget the indefatigable energy of the Committee of Arrangements in securing the comfort of the guests.

After all, even though nothing of pre eminent scientific merit should have been brought forward at the meeting, should we be disappointed that such is the case? Is the listening to papers and discussions the end of chief importance in attending a session of the American Medical Association? We think not. Are we not better able to read and comprehend these, to digest and absorb at our leisure what we like of their scientific lore as they appear in the Association Journal, than when they are sprung on us in this hasty fashion, when we may be impressed more by the manner of the speaker than by the soundness of his argument?

We believe that one of the greatest benefits to be derived from such meetings is the acquaintance which we form with those whose names and writings are already familiar to us. There we meet the *men*, and not the writers. We study their learning, their appearance, their very selves, in fact, and the ground-work for a better appreciation of their true worth is thus given us. An acquaintance with the members of this body is no small possession; it is a tangible reality, of which the possessor may well be proud. There are congregated the venerable fathers of medicine and surgery of our country—those who have labored long and earnestly in the great cause of the advancement of the profession, and for the concentration and organization of its forces; and who yet stand in the traces lending their aid with fatherly beneficence. There we see the *workers* of the profession, the men who originate, who record, who develop and formulate the rules and principles of medical and surgical practice, who, in their turn, at some future date, will be looked upon as the fathers of the profession—but who, no doubt, will resent a too early application of that term, or its application in too comprehensive a sense.

The American Medical Editors' Association met in regular session on the evening preceding the opening of the general session. Dr. I. N. Love, of St. Louis, presided.

After the reading of the president's address, the following papers were read:

"The Medical Editor in Relation to the Profession at Large," by Dr. F. L. Sim, Memphis, Tenn., editor of *Memphis Med. Monthly*.

"Progress of Medical Literature," by Dr. T. D.

Crothers, Hartford, Conn., editor *Quarterly Jour. of Inebriety*.

At 10:30 the Association adjourned to Baxter Court, where a sumptuous banquet was served in handsome style.

The following toasts were responded to:

"American Medical Association," Response by Dr. N. S. Davis, Chicago, Ill.

"Medical Journalists and the Medical Profession," Response by Dr. Woodbury, Philadelphia, Pa.

"The Association Journal, in its Relation to the Profession and Other Medical Journals," Response by J. B. Lindsley, Nashville, Tenn.

"Quarantine Health Affairs and the American Medical Profession," Response by Jno. B. Hamilton, M.D., Surg. General.

"There is an East, but Why is it not Here in Larger Numbers?" Response by Dr. W. H. Pancoast, Philadelphia, Pa.

"The West, Which Can Always be Relied Upon," Response by Dr. J. C. Culbertson, Cincinnati, O.

"The South, Ever Loyal and True to the Organized Medical Profession," Response by Dr. Jos. M. Mathews, Louisville, Ky.

"Medicine—Broad Enough to Include Every Honest Member Desirous of Benefiting Humanity," Response by Wm. Perry Watson, Jersey City.

"The Committee on Nutrition," Response by E. A. Wood, Pittsburg, Pa.

"Vanderbilt University—The Model University of the South," Response by Dr. T. Menees, Nashville, Tenn.

"The Volunteer State—Tennessee—Whose Fair Women, Statesmen, Doctors, Horses, and Everything Else, make her the Jewel in the Crown of Southern States," Response by Hon. Jos. H. Acklen, Nashville, Tenn.

The Nominating Committee reported for President, Dr. F. L. Sim, Memphis; Vice-President, Dr. Frank Woodbury, Philadelphia; Secretary and Treasurer, Dr. J. C. Culberson. The report was unanimously adopted and they were elected by acclamation, each gentleman responding in acceptance briefly and happily.

The general session opened on Tuesday with an assembly that filled the Vendome Theatre. The addresses of welcome were pithy and pleasant. Nothing of any great importance in a business way was accomplished on the first day. At the meeting of the college faculties the hopes of those who advocated the immediate inauguration of the compulsory three-course movement were unfortunately frustrated to a certain extent. Fifty-three colleges were represented, forty-four of whom were in favor of immediate action, the others opposing it. A compromise was finally arrived at, by which all of the opponents of the movement agreed to a three-year's attendance on lectures, beginning with the session of 1892–93.

The hydrogen test of Dr. Senn was the object of a strong assault by Dr. David Barrow, of Lexington, Ky. Though ably answered by the eminent and eloquent surgeon of Milwaukee, the reader held his ground well, and it is no less true that there are strong objections to the invariable use of the test. Although Dr. Senn reports a case in which a perforation of the intestine was discovered by it that possibly would not have been discovered otherwise, his own words may be used to detract from the over-powering importance of this report, viz., that the citation of exceptional cases cannot be used as an argument against the deductions from a number of cases. It is evident that the test is not esteemed as highly by the profession as it is by its able originator and advocate.

After a very lively contest between the friends of the two principal candidates for the Presidency of the Association, Dr. W. T. Briggs, of Nashville, and Dr. J. M. Mathews, of Louisville, the former was elected.

The other names presented by the nominating committee were as follows: First Vice-President, C. A. Lindsley, Connecticut; Second Vice-President, R. C. Moore, Nebraska; Third Vice-President, H. C. Wyman, Michigan; Fourth Vice-President, L. P. Gibson, Arkansas; Treasurer, R. J. Dunglison, Pennsylvania; Permanent Secretary, W. B. Atkinson, Pennsylvania; Librarian, C. L. Richardson, District of Columbia; Trustees of Journal, J. B. Hamilton, District of Columbia; J. V. Shoemaker, Tennessee.

Judicial Committee—H. C. Scott, M. D, Ohio; W. F. Reck, M. D., Iowa; J. A. Lane, M. D, Kansas; J. B. Murphy, M. D., Minnesota, T. J. Happel, M. D., Tennessee; D. J. Roberts, M. D., Tennessee; A. Garnelon, M. D., Maine.

Committee of State Medicine— Alabama, Jerome Cochrane; Arkansas, T. A. Murrell; California, W. F. McNutt; Colorado, P. V. Carlin; Connecticut, G. H. Price, Dakota, F. J. Kenyon, Delaware, L. P. Brush; District of Columbia, J. B. Hamilton; Florida, F. H. Caldwell; Georgia, Dr. Bullard; Illinois, H. A. Johnson; Indiana, F. W. Beard; Iowa, G. F. Jenkins; Kansas, W. L. Schuck; Kentucky, John McCormack; Louisiana, Dr. Bemiss; Maine, F. Foster; Maryland, G. H. Rohe; Massachusetts, Dr. Abbott; Minnesota, P. H. Willard; Michigan, H. B. Baker; Mississippi, Wirt Johnson; Missouri, E. W. Schauffler; North Carolina, Dr Tucker; New Jersey, Dowling Benjamin; New York, C. H. Moore; New Mexico, F. H. Atkins; Nebraska, J. R. Hazzard; Ohio, Dr. Coleman; Oregon, W. D. Baker; Pennsylvania, Dr. Bishop; Rhode Island, H. R. Stoner; South Carolina, G. Simons; Tennessee, J. H. Callendar; Texas, J. R. Briggs; Utah, F. S. Bascom; Vermont, E. R Campbell; Virginia, H. T. Nelson; West Virginia, S. L. Japson; Wisconsin, B. O. Reynolds: Washington, J. T. Wilsey; United States Army, F. C. Ainsworth; United States Navy, T. Wolverton; United States Marine, H. Walter Hyman.

Committee on Necrology—Alabama, J. T. Searcy; Arkansas, R. G. Jennings; California, W. Anderson; Colorado, W. H. Hawkins; Connecticut, W. A. M. Wainwright; Dakota, F. M. Crain; Delaware, L. P.

Brush; Florida, F. Stringer; Georgia, Dr. Cortelyon; Illinois, Dr. C. P. Corn; Indiana, J. F. Hibberd; Iowa, D. M. Crouse; Kansas, Levi Horner; Kentucky, William Bailey; Louisiana, J. R. Mattis; Maine, A. J. Fuller; Maryland, David Street; Massachusetts, H. A. Morley; Minnesota, W. W. Mayo; Michigan, W. B. Alword; Missisippi, B. F. Kittrell; Missouri, J. M. Jordan; North Carolina, Charles James O'Hagan; New Jersey, J. D. Hough; New York, Nathan Jacobson; New Mexico, Louis Kennon; Nebraska, D. C. Bryant; Ohio, L. P. Deahofer; Oregon, Dr. Shackelford; Pennslvania, T. W. Shaw; Rhode Island, —— Chapin; South Carolina, A. A. Moore; Tennessee, F. L. Sim; Texas, W. P. Bents; Vermont, M. R. Crain; Virginia, L. B. Edwards; Wisconsin, J. G. Meacham; West Virginia, Dr. Barbee; Washington, N. G. Essig; United States Army, C. R Greenleaf; United States Navy, I. W. Ross; United States Marine Hospital, F. Irwin.

To deliver the annual addresses—"General Medicine," E. L. Shurley, Michigan; on "General Surgery," Joseph M. Mathews, M. D. Kentucky; on "State Medicine," W. L. Schenck, M. D., Kansas.

San Francisco was suggested by the committee for the next place of meeting, but the Association voted in favor of Washington, D. C. It will begin on the first Tuesday in May, 1891.

Echoes of the Meeting.

Vice-Chairman.—A motion was carried to add a vice chairman to the officers of each section.

The Publication of the Papers.—It is the intention of the trustees and editor of the Association Journal to publish the papers as rapidly as possible, the size of the journal being much increased for a time especially for that purpose.

Death of Dr. W. H. Byford.—A cloud was thrown on the second day's session of the Obstetrical and Gynæcological Section by the reading of a telegram announcing the death of Dr. W. H. Byford, the eminent gynæcologist of Chicago. A committee, composed of Drs. F. H. Martin, Chicago, Reamy, of Cincinnati, and J. B. Meacham, of Racine, Wis., was immediately appointed to draft resolutions expressing the sorrow and condolence of the section.

A Movement to Prevent Wire Pulling.—Dr. Keller, of Hot Springs, offered an amendment, seeking to take from the sections the power of electing their own officers, and reverting to the old method of electing them through the nominating committee. He claimed that under the present system some of the members organized into 'mutual election societies,' going from one section to another, in blocks-of-five fashion. His amendment was passed, but it was then found to be inoperative because a notice of a year must be given to amend the constitution.

MEDICAL ITEMS.

The Eyes in Pneumonia.—White (*Kansas Medical Journal*) states that an excessive sensibility to light always accompanies pneumonia.

The Attendance at the forthcoming International Congress, at Berlin, this summer, is estimated to exceed five thousand, and special arrangements will be made in consequence.

Bacterian Water-Filters.—A deposit from the filters in the Lyons water-works was found to be swarming with bacteria; and inoculations with these showed them to be highly infectious.

Paracresotinic Acid.—Paracresotinic acid is the latest addition to the interminable list of antipyretics. From 2 to 3 drachms of the sodium salt have been given within the space of 24 hours.

A Swedish Leper Sent Home.—The Massachusetts State Board of Lunacy and Charities has formally ordered the return to Europe of a leprous Swedish woman, who arrived in Boston on April 28.

Horse Flesh in England.—In spite of the laws regulating the sale of horse flesh in England, hundreds of carcasses are sold as beef; while the donkey sometimes figures in the butchers' stalls as prime veal.

An Inconvenience in Pulling your own Teeth.—A dentist of Kingston, N. Y., recently pulled eight of his own teeth. He says he found it somewhat inconvenient, because he couldn't keep his head still.

Typhus Fever Becoming Milder.—An English writer notes that typhus has assumed a much milder form than that under which it formerly appeared. The period of incubation also appears to be longer.

Professor of Monotony.—Dr. O. W. Holmes says it is not true. The poet-physician has had it brought to his notice that a learned small girl of Boston has spoken of him as having been for many years a "Professor of Monotony at Harvard University."

Condition of Gen. Grant's Physician.—Dr. John H. Douglas, General Grant's physician at the time of his death, is lying ill at the Presbyterian Hospital, New Yosk. He is stricken with paralysis, and, moreover, is understood to be in reduced circumstances.

How a Doctor Was Called.—Dr. Alexander Neil, of Columbus, O., was asked by a stranger to go and see his wife. Being ill himself, he refused to go, but offered to send some medicine. The stranger presented a pistol at his head to enforce his request. Rather a cool argument.

An Easy Calculation to Make.—A countryman affected with *pediculi*, asked a druggist how much mercurial ointment would kill a thousand body lice. The apothecary replied ten sous worth. Then said the countryman: "I desire to purchase one hundred sous worth of the remedy."—*Lancet-Clinic.*

A National Laboratory.—A bill is before Congress to establish a National Laboratory. Five hundred and fifty thousand dollars are asked to start the enterprise. The Marine Hospital Service, and the Secretary of the Board of Agriculture, are to be the controlling agents of the Government in the conduct of this enterprise.

Whither Are We Drifting?—A physician in Tiflis, Russia, has agreed to attend 125 families for $600 a year. Besides the doctor agrees to visit the families regularly, inspect their dwellings, advise them respecting their mode of living, deliver lectures to these families upon physiology and hygiene, etc. Big work for little pay.

An Innovation in Legal Medicine.—It is stated that the French Minister of Justice has in view the institution of a Superior Council of Legal Medicine. It will consist of a commission of physicians and magistrates, whose duty it will be to give their opinion on the responsibility of criminals, and on such questions as the influence of suggestion and heredity.

Prize Essay.—The Royal Academy of Medicine of Cadiz offers a prize of 500 pesetas ($100) with the title of Corresponding Member, to the author of the best essay on "Tuberculosis in its Relations to Surgery." The essays, which may be written in Spanish, Latin or French, must be sent to the Secretary of the Academy, Don Enrique Diaz Rocafull, before December 1, 1890.

Kola Nut for Sea-Sickness.—Half to one drachm of the seed of the kola nut, (*Sterculia acuminata*), (*Br. Med. Jour.*) chewed slowly, is followed, in about forty minutes, by complete cessation of the various symptoms of *mal de mer.;* depression, vomiting, and giddiness are said to disappear; the heart's action is regulated and strengthened, and the patients begin to have confidence in heavy weather.

A Female Medical Anarchist.—One of the most brilliant, if not the most powerful, of the anarchists in New York, is said to be a woman medical practitioner, living on the east side of the town. She has been in practice about six years, and is reported by her admirers to have quite a large clientele. Her admirers also say that she is very beautiful and a most eloquent orator.—*Medical Record.*

Opium Smoking.— A London physician has been found to be introducing the practice of opium-smoking —not only in neuralgia, but to remove the sense of fatigue after severe labor, the pains of parturition, etc., and even for spasmodic sneezing, and that dangerous malady—the fidgets. In fact, from the directions given in his pamphlet, this person furnishes an incentive to any person to introduce this demon into his household. —*Times & Reg.*

Transport of the Sick in Germany.—The Prussian railway authorities have set apart a few carriages for the conveyance of sick persons; they are fitted up with beds and everything necessary for the purpose. Such carriages are already kept ready for use at Altona, Cologne, Erfurt, Wiesbaded, Hanover, and Berlin (Stettin terminus), and will be supplied to order at any of the other principal stations in Prussia. The charge for the use of an invalid carriage is the price of 12 first class tickets for the required distance.

Insoluble Compressed Tablets.—Dr. Arnold, of Zug (Switzerland), calls attention to a serious drawback sometimes attending the use of the compressed tablets now so much in fashion. He reports two cases—that or a boy, aged 8, to whom half-gramme tablets of antipyrin were given to reduce the temperature, and that of another, aged 10, who took half-gramme tablets of phenacetin for neuralgia—in which the tablets passed through the whole length of the intestinal canal without undergoing any change whatever.

Transposition of the Abdominal Viscera.—According to the *Lancet*, Mr. Treves, in recently performing ovariotomy, discovered complete transposition of the abdominal viscera. The liver was upon the left side, the spleen upon the right; the cæcum was in the left iliac fossa, the sigmoid flexure in the right; the aorta ran along the right side of the vertebral column. The stomach was transposed, the pyloric extremity being directed toward the left. It is probable that this condition also existed in the chest, for the apex beat was felt to the right of the sternum.—*Med. News.*

The Royal College of Surgeons.—Sir Morell Mackenzie has recently made a lively and vigorous attack upon the Royal College of Surgeons, in the *Fortnightly Review.* Americans are but little interested in the controversy, but we fancy that on a plain statement of the merits of the case their sympathies would go with Sir Morell Mackenzie and the members of the College who are fighting for the principle of representation. The members support the College largely by their fees, but they have no vote or voice in the management, and not even a right to use the College building.

Insanity in Austria.—In 1887 there were in Austria 23 public and 5 private lunatic asylums, with a total of 13,441 patients, being 6.2 per cent more than in the previous year. Of these, 9.3 per cent were discharged cured and 15.4 uncured, while 11.7 died. The disease was hereditary in 15.7 per cent of the cases; in 13.1 per

cent it is returned as having been due to drink, and in 6.7 to mental emotion or depressing complaints. In addition to these, there were 20,739 lunatics, giving a proportion, if these alone are taken in account, of 94 in every 100,000 of the general population. Of the latter class of insane persons, only 826, or 8.8 per cent, were in confinement.

SPARE YOUR DOCTOR.—The *Albany Press* says. "Never telephone or send for a doctor to come immediately, when you can just as well say: 'Any time this morning will do, or come as soon as convenient.' You may be causing others much more dangerously ill than yourself to wait unnecessarily. Furthermore, remember that every man needs one day in seven in which to rest. Spare your doctor his Sundays, if possible. No one should work three hundred and sixty five days in the year, and consume part of the nights as well, and face the inclemency of all weathers, climates, and seasons, without having proper chance for rest and recuperation." Eminently sound doctrine. But even under these adverse circumstances the doctor would not complain if the patient did not so often forget the character of the services when the bill is sent. We should say spare your doctor, and also pay your doctor.

BOOKS AND PAMPHLETS RECEIVED.

Stricture of the Rectum; Intestinal Obstruction; Inguinal Colotomy. A Clinical Lecture delivered at the New York Post-Graduate Medical School Hospital,yb Charles B. Kelsey, M.D., Prof. of Dieases of the Rectum. Reprint from "Medical News".

The Blunt Curette in Uterine Hæmorrhages. By Thos. W. Kay. M.D., Scranton, Pa., Ex-Surgeon to Johamite Hospital at Beyrouth, Syria. Reprint from "New York Medical Journal."

Electricity in the Diseases of Women, with special reference to the Application of Strong Currents. By G. Betton Massey, M.D., Physician to the Gynecological Dept. of Howard Hospital, etc., Second Edition, revised and enlarged. Price $1.50 net. Philadelphia and London; F. A. Davis, 1890.

Uses, Tests for Purity and Preparation of Chemical Reagents, employed in Qualitative, Quantitative, Volumetric,Docimastic, Microscopic and Petrographic Analysis, with a Supplement on the Use of the Spectroscope. By Chas. O. Curtman, M.D., Professor of Chemistry and Director of Chemical Laboratory in the Missouri Medical College, St. Louis. Jno. L. Boland, St. Louis. 1890.

Woods' Medical and Surgical Monographs, Vol. VI, No. 2, May, 1890, containing:

I. Insanity at the Puerperal, Climacteric and Lactational Periods. By William Bevan Lewis, L.R.C.P.

II. Treatment of Diseases of Women by Massage. By Dr. Robert Ziegensheck, Munich.

III. The Treatment of Internal Derangements of the Knee-joint by Operation. By Herbert Wm. Allingham, F.R.C.S.

IV. The Idiopathic Enlargements of the Heart. By Dr. Oscar Fraentzel, Berlin.

Stories of a Country Doctor, by Willis P. King, M. D., Member and Ex-President of Missouri State Medical Association, Ass't Chief Surgeon of Missouri Pacific Railway Co., etc. With Illustrations by T. A. Fitzgerald, Kansas City, Mo.; Hudson-Kimberly Pub. Co., 1890. For sale by J. H. Chambers & Co., St. Louis.

A Peculiar Affection of the Neuro-Retinal Circulation. By W. Cheatham, M.D., Louisville, Ky.

Acute Mania Following the Enucleation of the Eye. By the same.

The Sewer Gas Question. An Analysis and Illustrated Comparison of the Several Methods and Means of Establishing and Maintaining the Seals of Sewer-Gas Traps. By E. S. McClellan, M.D., Dubois M'f'g Co., 245 Ninth Ave., New York.

On Xerostomia. By Hugo Summa, A.M., M.D., St. Louis. Reprinted from Alienist and Neurologist.

Report of a Case of Injury to the Head. Death after Fifteen Years from Otitic Meningitis. Extensive Necrosis of Petrous Portion of Temporal Bone. Autopsy. By J. B. Shapleigh, M.D., St. Louis. From Am. Jour. Med. Sci.

Report of Illinois State Board of Health on Medical Education, Medical Colleges and the Regulation of the Practice of Medicine in the United States and Canada. 1765–1890. By John H. Rauch, M.D., Secretary, Springfield, Ill.

Fifth Annual Report of the New York Cancer Hospital, 1889.

A Letter on the Millennium or Judgment (or something of the kind; title not stated; object less clear). By Some Crank.

A Lecture on Sexual Perversion, Satyriasis and Nymphomania. By G. Frank Lydston, M.D., Chicago. Reprinted from Phila. Med. and Surg. Reporter.

The Local Treatment of Syphilitic Phenomena. By the Same. Reprinted from Cincinnati Lancet-Clinic.

Remarks on Hypertrophy and Atrophy of Tissue. By the Same. Reprint from New Orleans Med. and Surg. Jour.

A Rational Brace for the Treatment of Caries of the Vertebræ (Pott's Disease). By Charles F. Stillman, M. Sc., M.D., of Chicago, Member Am. Orthopœdic Ass'n. Reprinted from Northwestern Med. Jour.

A Practical Splint for Inflammatory Conditions of Joint. By the Same. Reprinted from American Lancet.

The Treatment of Torticollis (Wry-Neck). By the same. Reprinted from North Amer. Practitioner.

Some Reflections on Morning Sickness. By B. E. Hadra, M.D., Galveston, Texas. Reprinted from the Times and Register, April 5, 1890.

SOCIETY NEWS.

The fifteenth regular annual session of the Arkansas State Medical Society met at Little Rock May 14 to 16. The following officers and a large number of delegates were present: Zaphney Orto, M. D., Pine Bluff: First Vice-President T. E. Murrell, M.D., Little Rock; Second Vice President J. T. Clegg, M.D , Siloam Springs; Third Vice President R. M. Wilson, M.D., Columbus; Fourth Vice-President W. P. Owen, M. D., Hazen; Secertary L. P. Gibson, M. D., Little Rock; Assistant Secertary Edward Meek, M.D., Argenta; Treasurer A L. Breysacher, M.D. Little Rock; Librarian R. B. Christian, M.D., Little Rock. Dr. C.E. Nash of Little Rock delivered the address of welcome, after which the president delivered his annual address.

At the afternoon and evening sessions the following interesting papers were read: "Parotitis as a Complication in Typhoid Fever," by A. J. Vance, M.D.; "Typho Malarial Fever," by S. R. Cates, M.D.; "Epistaxis an Hepatic Disorder," by J. C. Minor M.D.; Philosophy in Appeal for the General Practitioner, by C. E. Nash, M. D. After electing the following officers, the Society adjourned to meet next May at Hot Springs: President, Dr. J. A. Dibrell, Jr., of Little Rock; First Vice-President, Dr. R. N. Ross, of Hot Springs; Second Vice-President, Dr. J. L. Goree of Fayetteville; Third Vice President, Dr. J. E. Payne; Secretary, Dr. L. P.Gibson of Little Rock; Assistant Secetary, Dr. Jos. H. Leslie, of Hot Springs; Treasurer, Dr. A. L. Breysacher, of Little Rock. Librarian; Dr. R. B Christian, of Little Rock. On Friday evening the visiting physicians were banqueted by resident doctors and pharmacists. Dr. T. E. Murrell of Little Rock, acted as toast-master. All the state officers, including the Chief Justice and Associate Judges of the Supreme Court, were present. The toasts were as follows: "The Pleasant Past," Dr. Z. Orto; "The Bright Future," Dr. J. A. Dibrell, Jr.; "The Old-Time Doctor," Dr. J. A. Dibrell, Sr.; "Moses as a Health Officer," Rev. John H. Dye; "Our Brothers in the Overflow Districts," Dr. H. C. Dunavant; "The Confines of our Prosperity, the Border City," Dr H. Moulton; "Men of the Profession," Hon W. E. Atkinson, Attorney General.

SELECTIONS.

DIABETIC COMA TREATED BY THE INJECTION OF SALINE FLUID INTO THE VEINS.

Dr. Dickinson reported this case, which was that of a woman, aged 25, who was the subject of diabetes in a severe form, upon which coma with the usual diabetic character had recently succeeded. The fluid employed was that made use of in cholera, consisting of chloride of sodium, chloride of potassium, sulphate of soda, phosphate of soda, and bicarbonate of soda, dissolved in water. This was slowly injected by means of a syringe, first into the right arm and then into the left, until in the course of an hour and a half 106 ounces had been introduced. There was no immediate improvement, nor did the patient seem any the worse. About ten minutes after the conclusion of the operation, however, consciousness began to return, and soon became so complete that the patient was able to converse with her friends, and take food in a natural manner. But she relapsed into drowsiness and then into coma, and next day was very comatose ,as much as before the operation. The injection was now repeated into one of the veins of the leg into which the fluid was allowed to flow from an elevated funnel. A little chloroform had to be given during the exposure of the vein. Under the operation the aspect of the patient improved; the features became less pinched, the complexion less livid, and the pulse gained in volume. With these encouragements the injection was continued until increasing fulness of the superfical veins and some general appearance of congestion was taken as indications to stop. There was as yet no return of consciousness, in the hope of which the proceeding had been continued. It was now found that no less than 350 ounces, or 17½ imperial pints, had passed in. This was a much larger quantity than had been intended, but the process was allowed to go on under the encouragement which the former attempt seemed to afford, and in the absence of prohibitive symptoms until the increasing congestion was thus interpreted. After the conclusion of the injection the patient remained unconscious for about three quarters an hour, then recovered complete consciousness, and retained it without drowsiness for nine hours, after which she became at times drowsy, but was for the most part sensible for 30 hours, after which there was a lapse into coma which was final and fatal. The protraction of consciousness after the second operation longer than after the first might possibly have been partly due to the chloroform, though but little had been given. After the operation the turgescence of the veins gradually ceased, and a little œdema appeared over the tibia. The urine no longer gave the acetone reactions. Within the space of thirty-two hours 456 ounces, more than 22 imperial pints, had been introduced into the veins. Five days before the injection the patient had been found to weigh 81½ pounds; after death the body weighed 93 pounds, the gain being no doubt of water. The results of the examination could be summed up as venous engorgement and fluidity of blood. The hopelessness of diabetic coma under ordinary treatment was held to justify, or at least to excuse treatment which was exceptional. The first injection, 106 ounces, appeared to be wholly beneficial; the result suggested only a wish that it had been more. As to the second, 350 ounces, the postponement of the expected benefit led to its being carried beyond the region of therapeutics into that of pathology; not only was consciousness restored, but morbid venous congestion produced. The delay in the return of consciousness in both instances suggested that the benefit was due rather to elimination than hydration. It was

clear that 100 ounces could be introduced with advantage, and probably twice that quantity, but the results were not such as to promise more than temporary benefit. As a practical and safe conclusion, it was suggested that free drinking of water should be enforced before diabetic coma was established in cases whese it was anticipated.—*Br. Med. Jour.*

Retentian of Urine.—Dr. Lowe, (*Br. Med.Assn.*) read notes on the treatment of two cases of retention of urine—one from prostatic enlargement, the other from atony of the bladder. In the former attempts to pass a catheter having failed, the bladder was punctured over the pubes with a small trocar; a piece of drainage tubing, of the size used in tapping ascites with Southey's trocar, was passed for four inches through the cannula into the bladder; the other end of the tube was conducted into a resceptable underneath the bed; a syphon action was established and the bladder was throughly drained. The tubing was left in the bladder for ten days; a catheter was then passed with ease, and the tubing was withdrawn. The patient had afterwards occasionally to pass a catheter, but could usually pass urine without it. In the other case a similar line of treatment was adopted owing to a severe attack of febrile disturbance; temperature 103°; pulse 120; a dry tongue and grave signs of constitutional disturbances supervening on passing the catheter. Immediate amelioration of the symptoms followed the thorough drainage of the bladder. The tubing was left in the bladder for some weeks, then withdrawn, and the bladder relieved by catheterism without ill effects. The advantages of the treatment were (1) that, in spite of the small size of the tubing, the bladder was thoroughly drained; (2) there was no escape of urine by the side of the tube; (3) the aperture caused by the tube was so small as to heal up without any difficulty or escape of urine through it. The success of the treatment in at once relieving the severe constitutional symptoms in the case of atony was very marked and complete.

Death from Septicæmia after Wound of the Heart.—Dr. R. M. Hall, of Baltimore, reports, in the *Medical Bulletin* for March, a case of a colored woman, 21 years of age, who received a penetrating wound of the chest. The injury was done with the blade of a pocket-knife which passed completely through the right ventricle of the heart, a little to the left of the septum. Two days after the injury the patient had a miscarriage. and, although antiseptic injections were used, she died four days later, or six days and fifteen hours after receipt of the wound. There was only a small amount of clotted blood in the pericardium after death, and the wound in the heart was closed by a plug of fibrin. Had not the abortion occurred the patient would probably have recovered, and the gravity of the wound would not have been discovered.

USEFUL FORMULÆ.

Treatment of Flatulent Dyspepsia (Huchard).—One of the best medicaments for this purpose is chloroform. But by reason of its local and irritating action, we must not employ it in its state of purity, or in capsules, as is too often done. The best way is to make use of saturated chloroform water, after one of the following formulæ:

℞ Sat. chloroform water, - grammes, 150.
Distilled water, - - " 120.
Mint water, - - - " 30.

Take before or during each meal a teaspoonful of the above mixture, as well as the same amount of the following:

℞ Sat. chloroform water, - grammes, 140.
Orange flower water, - - " 150.
Tincture of badiane, - - " 10.

In the following preparation the chloroform is associated with excitants of the gastric fiber:

℞ Tincture of gentian,
Tincture of badiane,
Tincture of nux vomica, - aa grammes, 4.
Chloroform, - - 20 to 40 gtts.

Filter. Take ten to twenty drops in a little water one quarter of an hour before each meal.

If we wish to employ powders, we may use the following formula:

℞ Powdered poplar charcoal, - grammes, 8.
Bicarbonate of soda, - - " 6.
Calcined magnesia, - - - " 4.
Powder of columbo, - - " 2.

Make forty powders. Take one at least one-half hour, or one hour, before each meal.

If we wish to procure the antiseptic action at the same time, we prescribe

℞ Naphthol B.,
Salicylate of bismuth,
Magnesia, - - - aa grammes, 5.

For thirty powders. Administered as above.

Lastly, as an eupeptic, we make use of the following preparation:

℞ Pancreatine,
Bicarbonate of soda (or benzoate of soda);
Magnesia, - - aa grammes, 4.
Powd. nux vomica, - centigrammes, 0.40.

For twenty powders. One at commencement of each meal.—*Le Bulletin Medical.*

A Valuable Preserving Fluid.—Dr. Alexander Macalister, in his recent book of Human Anatomy, recommends the following mixture for the preservation of anatomical material:

Alcohol, - - - - - - 30%.
Glycerine, - - - - - - 10%.
Carbolic acid, - - - - - 2%.
Water, - - - - - - - 58%.

—*Journal American Medical Association.*

ORIGINAL ARTICLES.

HÆMOGLOBIN COMPOUND, OR "BULLOCK'S BLOOD IN THERAPEUTICS."

BY F. E. STEWART, M.D., OF WILMINGTON, DEL.

I.—Bullock's Blood.

In his excellent treatise on *Materia Medica and Therapeutics*, Professor Bartholow says: "Blood is so rich in the elements of nutrition that its employment as food in wasting diseases need not excite surprise. Within a few years it has been much used in the treatment of phthisis, the patients resorting to the butchers' shambles to quaff the blood as it flows away." The same author goes on to say: "That it improves nutrition, often to a remarkable extent, is undeniable."

It may be accepted, therefore, as proved, that the use of bullock's blood as an aliment in wasting diseases is of advantage, and that its employment is often followed by remarkable improvement in nutrition.

To those who have observed the results following the employment of bullock's blood as a therapeutic agent, no further argument is necessary. To those who have had no opportunity for observing its effects, what I have to say will prove interesting. But there are several points in connection with the use of this agent that I am sure will prove of interest to all.

My investigations covering the use of bullock's blood as a therapeutic agent date from the year 1877. I first inquired of the butchers in New York City what effects they had witnessed as a result of blood-drinking—a habit then quite prevalent. I also inquired the same of physicians in New York who were in the habit of sending their patients to the abbattoirs to drink fresh blood. The universal testimony was that a certain proportion of patients not too far gone for any treatment to benefit, rapidly gained weight, improved in color, and were completely cured of their ailments. These cases consisted of broken-down men and women suffering from general wear and tear, rather than cases of phthisis. Well-authenticated cases of incipient phthisis, however, are sometimes cured by this treatment, I have every reason to believe from the nature of the testimony.

Recognizing the difficulties attending the use of bullock's blood as a therapeutic agent, I determined to find some way of preparing this article so that it might be placed on the market as a drug. My first experiments were conducted on a piece of sheet-iron in the sun. I found that I could dry blood in the form of thin scales that were perfectly soluble, and quite free from taste and odor.

I now visited the great stock yards of Jersey City, where I had the pleasure of becoming acquainted with the chemical expert of the yard, Dr. J. J. Craven, formerly Medical Director in the United States Army under General Grant. I found that this gentleman had perfected apparatus for drying blood-serum, which is extensively employed for the purpose of sizing silk. The apparatus consisted of shallow tin pans resting on skeleton shelves, levelled by a spirit level, and placed in rooms heated to 110°F. by steam-coils. In these pans Dr. Craven kindly prepared for me some defibrinated bullock's blood according to my directions.

In this manner was derived the drug which you will find described in the *United States Dispensatory*, under the name "Sanguis bovinus exsiccatus." This name was given to it by my esteemed friend, Professor Charles Rice, Chemist of the Department of Charities and Corrections, and President of the Committee for Revising the *United States Pharmacopœia of* 1880.

I graduated at the Philadelphia College of Pharmacy in 1876, from Blair's drug-store of Philadelphia, and went to New York to take charge of a well-known pharmacy of that city. These experiments were commenced while engaged in this manner, and finished after I graduated at the Jefferson Medical College in 1879. I speak of this because my absence from New York as a student in Philadelphia accounts for the fact that I was not conversant at this time with some very interesting experiments conducted by Dr. Andrew H. Smith, Physician-in-Chief for St. Luke's Hospital, New York.

Being a member of the Hospital Committee of the New York State Charities Aid Association, I became very much interested in hospital construction and management. After my return to New York, I made a round of the principal New York hospitals, and, while thus engaged, visited St. Luke's Hospital. Here I found that patients were being treated by Dr. Smith with bullock's blood for supplementary alimentation. Fresh defibrinated blood was used for that purpose, and it was injected into the rectum.

I now called on Dr. Smith, and presented him with some of my own product. He was immediately interested therein, and substituted it for fresh blood in the treatment of some of his cases. Moreover, the desiccated blood furnished a means for giving the article by mouth. For this purpose he suggested the following formula: Sanguis bovinus exsiccatus, six drachms; brandy and glycerin, of each three fluid-ounces. Of this a tablespoonful was given as a dose.

You are probably acquainted with those "patent" medicines, Murdock's Food, and Bush's Fluid Food. I have been told that they are composed of bullock's blood, whiskey, glycerin, and egg albumen; and that they are modifications of this formula given me by Dr. Smith, and published subsequently in one of my articles on this subject.

The results of Dr. Smith's experiments with the desiccated blood convinced me that it was an excellent preparation for utilizing a valuable product. I accordingly made inquiries among my friends in the drug trade regarding the best manner for placing the article on the market, and was referred by Messrs. Lehn & Fink, of New York, to the house of Parke, Davis &

Co., of Detroit, Michigan. I accordingly placed the matter in the hands of this house, and introduced "Sanguis bovinus exsiccatus" to the notice of the medical profession through the columns of the *New York Medical Record.*

My article in the *Medical Record* brought forth a protest from Dr. Le Bon, of France (*Journal de Therapeutique*), against what he alleged was the claim of Dr. Andrew H. Smith and myself to have invented desiccated blood. He called attention to the fact that he had published a full description of a similar product five years previously in the *Comtes Rendus* (1875), and that notices of the same were given in all the French medical journals. He said that it had been used very successfully in the hospitals in Paris, and especially by Prof. Bouchut, at the Children's Hospital, and that it had been found most efficacious in all cases in which reconstructives are required, and succeeding where all other preparations had failed. "It is indicated," said he, "wherever iron and raw meat, or the phosphates, are useful." He also called attention to the fact that the product is difficult to prepare, and that in some modes of desiccation all hæmoglobin is lost. Dr. Le Bon refers to his product as almost completely soluble in water, giving to this a magnificent red color. From this fact I judge that this blood powder is quite similar to my own product, though I have never seen his process, and am not aware whether it has been published.

Dr. Le Bon criticised what he called the "American plan" of adding alcohol, as, he says, it precipitates the albumen. In this he is at fault, for blood will stand the addition of diluted alcohol to somewhere near one-third without precipitation. He, therefore, commits an error when he says that "all elixirs or wines sold as containing any of these essential principles of blood or meat are an entire delusion, as they cannot contain an atom of the albuminoid principles which give to meat its nutritive properties." To be sure, such preparations as wine of beef, and wine of beef and iron are usually made from Leibig's Extract of Beef, and contain none of the albuminoid principles of the meat; but there are other preparations sold under the name of raw foods, and containing alcohol, which show the presence of a larger percentage of albumen by the usual well-known tests.

Blood Powder (*Guerder*).—In the *Therapeutic Gazette* for November, 1883, appears an article by Dr. Guerder, of Paris, France, recommending a powder of blood, prepared in the following manner. He says:

"I use only beef's blood, for sheep's blood has a disagreeable odor. The blood is taken perfectly fresh, defibrinated, cooked from four to five hours over a sea-water bath, then dried slowly in a current of warm air at a temperature of 40° to 45°C. (104° to 103°F.) The process is somewhat long, taking three days at least. The length might be somewhat abridged by pressing the paste of cooked blood between dry cloths. But this method has the disadvantage of taking from the blood mass all its soluble parts, and especially all the saline principles whose presence plays an important part in the solution and digestion of albuminous substances. I attribute, in some measure, to the preservation of the salts, the good results which I have obtained.

"The dried blood presents itself under the form of lumps more or less large and irregular, which I reduced to an impalpable powder in a motar. This powder is then still further dried in an oven to remove the last traces of moisture, and insure its safe preservation.

"The powder of defibrinated blood ought to be administered at meal-time, preferably in some cold drinking water, wine, milk, or coffee. It may be given to infants in suspension in milk or stirred well into syrup. Heat develops a peculiar taste, and renders it more difficult of absorption. Patients in general take it without repugnance."

In the *Therapeutic Gazette* for December, 1886, will be found an article by Dr. Dujardin-Beaumetz, of Paris, France, on "Superabundant Alimentation, and on Forced Feeding," etc., in which he recommends meat powder for super-alimentation. He says:

"That as regards the nutritious value, the blood is superior to the powder of beef," and he also asserts "that it exercises a more pronounced stimulating action on the digestive apparatus and the whole economy," and that "it is impossible to say whether the excitation following the use of this article ought to be attributed to its extractive matters, its salts or its iron, the latter existing in sufficient proportions (0.30 per cent) to represent medicinal doses of this medicament."

Dr. Guerder has noted the peculiar stimulating and tonic action of blood, and he has tested it in comparison with powdered meat and found it to possess peculiar advantages. He has attempted to account for its virtues by attributing its effects to extractive matters, salts, or iron. All of these ingredients produce stimulating or tonic effects, but it is my opinion that we are to look upon the hæmoglobin as the peculiar active principle of the blood, and the one which gives to it so much power to restore the system over all of the various beef preparations extant.

Dujardin-Beaumetz and Debove substituted a blood powder for meat powder in forced feeding, but did not at first obtain very satisfactory results. However, their trails met with better success when Dr. Guerder prepared for them some of the blood powder made by his process.

II.—Hæmoglobin Compound.

The objections to all these dried powders of bullock's blood, however, is (1) their insolubility, (2) their odor and taste.

If blood is dried at a high temperature, an odorless and tasteless powder results; but it is insoluble. If a temperature lower than this is employed, yet sufficient to cook the blood, a peculiar odor and taste develops not found in fresh blood. If a temperature below the coagulating point of albumen is used, the resulting

product is free from disagreeable odor and taste, and quite soluble; but in time the scales or powder becomes so dry as to resist the action of solvents, and then its solution is attended with difficulty. For these reasons I have instituted a great many experiments for the purpose of finding some way to preserve the blood unchanged and in its fluid condition. These experiments have finally been successful, and I now have the honor of presenting to you "hæmoglobin compound."

The preparation which I have named hæmoglobin compound consists of fresh defibrinated bullock's blood and extract of malt, of each three fluidounces; glycerin and whisky, of each one fluidounce. This is mixed together. Of this mixture twenty drops may be given three times daily, and the quantity gradually increased until one or two tablespoonfuls are taken at each dose. It may be given, undiluted, or administered with milk or water.

Dr. F. G. Deveraux, of Kezar Falls, Maine, who has been using the compound (his attention having been called to it in a recent publication), writes that he has tried the preparation on two cases very successfully, and that he thinks more of it for the purposes intended than of any article of the kind he has ever used. But he finds that if fifteen drops be mixed with five teaspoonfuls of milk, and allowed to stand, it soon digests the milk, and an unsightly mixture results. He, therefore, advises that when it is given in milk, the mixture should be administered immediately.

Prepared, as I have prescribed above, hæmoglobin compound remains permanent indefinitely, even when exposed to the air in a loosely stoppered bottle. I have on hand at the present writing, a bottle of it which has been standing in my office at Wilmington since December 10, 1887. It has resisted the heat of two summers; yet it is perfectly good.

Shaken in the bottle, so that a thin layer can be inspected as it flows away from the neck, the preparation is of a bright garnet-red color, and of a rather thin, syrupy consistency. It has the "molasses-candy" odor and taste peculiar to the extract of malt. There is no appearance, odor, or taste of blood.

If it is desired to employ a more concentrated preparation, the blood may be evaporated in a vacuum pan before it is mixed with the other ingredients. This, however, adds to the expense of the preparation, without a corresponding gain, except possibly in special cases.

In regard to the method of administering the preparation, a few words will not be out of place. It is always well to commence with a minimum dose, carefully watching the condition of the stomach, to correct any tendency to nausea if it exists. *Usually, the preparation is tolerated by the stomach, even when it rejects beef-tea and milk.*

The intervals at which the preparation may be taken is also a matter of importance. In cases of great exhaustion, I have employed ten to twenty drops every half hour, for three or four hours; then one or two teaspoonfuls every three or four hours. For infants, from three to ten drops in each feeding is the dose. This may be dropped in the bottle, or, in case the child nurses at the breast, it may be given in a little diluted milk and lime-water after the child has been fed. Ordinary cases requiring tonic treatment may commence with a teaspoonful three times a day, and gradually increase the dose to a tablespoonful.

Hæmoglobin Compound not a Patent or Proprietary Medicine.—Before speaking of its therapeutic properties, I desire to call your attention to the fact that hæmoglobin compound is not a so-called "patent" or "proprietary" medicine. It is strictly a pharmaceutical preparation, and introduced in conformity to all the requirements of science and the demand of the code of ethics. While it is a fact that I have published the true formula, and that any one has a right to manufacture and call it hæmoglobin compound, this should not make prescribers careless. On the contrary, it should insure special care. For it is exceedingly important that animals in prime condition should be selected for killing; that the blood should be immediately defibrinated as soon as it is drawn; and at once mixed with the other ingredients to preserve it, before it has had time to acquire any taint by exposure to the air. These are matters of vital importance, and should not be entrusted to any one but a competent person. Several times my prescriptions have been filled with tainted blood, and my reputation has suffered in consequence.

Therapy.

Indications.—Bullock's blood has been used with success in the following classes of cases: "Persons who by reason of want of appetite, or a languid state of the digestive functions, cannot take food;" in fever cases, "to obviate a tendency to death by asthenia, and to forestall a degree of prostration dangerous to life;" in the treatment of various infantile diseases, such as diarrhœa, malnutrition, etc.; atonic dyspepsia; cases of serious and fatal diseases either of the stomach or other organ, to support the patient and lessen his sufferings when all hope of cure is gone; in the treatment of diseases of the eye, as an adjunct to other means when the system is in a depraved condition; in so-called muscular rheumatism, associated with indigestion; in various neuralgic affections; in surgical cases; in general weakness after fevers; in hæmorrhages from any cause; in anæmia; in phthisis; in neurasthenia, and in convalescence; in fact the remedy is indicated in nearly all cases of weakness or debility, no matter what the cause may be.

It is not necessary for me to speak further of indications, for they will be at once apparent to any educated physician. But there is one point of great importance on which special stress should be placed at this time; and that is, the smallness of the dose required to produce the effect. This is well illustrated in the following cases. I have in my possession notes on more than fifty cases treated with bullock's blood. Some of these cases are from my own practice, some are from the practice

of Dr. Andrew H. Smith, of New York, and others are from Guerder, Le Bon, Dujardin-Beaumetz, and other French investigators; from J. Fletcher Horne, F. R. C. S., Edinburgh, Dr. Desiderio Varela, of Mexico, from Drs. A. Hudson, U.S.N.; E. P. Hurd, Newburyport, Mass.; Herrick, of the Albany Hospital, Seiler and Allis, Philadelphia, as well as from a number of excellent observers in various parts of the United States. Time will not permit us to read these notes.

ECZEMA—AN EXPERIMENTAL STUDY OF ITS TREATMENT—THE MICRO-ORGANISM OF ECZEMA RUBRUM—NOMENCLATURE—CASES.

BY W. F. WILKINS, A M., M.D., KANSAS CITY, MO.

Eczema is perhaps the most common skin disease with which the general practitioner comes in contact, and until recently it has probably been the least amenable to treatment.

We often meet such cases as here reported, and not unfrequently patient and physician become discouraged after months of unsuccessful treatment, while the disease holds undisputed sway. It has been to these chronic cases that I have given my special attention for four years, and I am satisfied in my own mind that I have solved the problem as to the nature of eczema and its correct treatment.

A great majority of these old cases are complicated with ulcers and a general tendency to tissue disintegration.

The pathological anatomy of an eczematous eruption bears marked evidence of the work of a myriad of micro-organic workers.

The papules of eczema are formed, says Biesiadecki, quoted by J. Lewis Smith, from the papillæ which increase in size by cell formation in their interior. The connective tissue corpuscles also enlarge and are rich in fluid.

These spindle-shaped corpuscles are crowded upward by the micro-organisms, filling the papillæ, just as the ant hill is built by the great army of ants working from below upward, and they finally reach through the papillæ carrying the cremasteric membranes with them into the rite malpighii, reaching at last the derma and elevating it into vesicles.

The epithelial cells become enlarged from the same cause and when the pressure becomes a certain strength the contour of the vesicles is lost by collapse and we have the phenomena of weeping. The irritation on the peripheral nerves by this vast army of workers causes the intense pruritus. The eruption becomes vesico-pustular when the case has so far progressed as to develop amœboid corpuscles. Eczema is contagious—yet this is not admitted by any authors of note except Newmann, who admits that eczema is contagious but thinks that conveyance is affected only by contact.

From the history of some of my cases I am well satisfied that the disease was contracted by shaking hands with one suffering from eczema palmaris.

Now as to the constitutionality of this disease, I beg leave to differ from Drs. Besnier, Brocq, Wilson, and in fact a majority of the profession, who have expressed themselves that "an eczema ought not to be cured too quickly," *i. e.*, by local treatment, for the reason that the disease is primarily constitutional. Now, while the affection may, in the latter stage, give rise to some general symptoms, showing that the constitution is being undermined, this pathological condition ought to be regarded as an effect instead of a cause. I have a patient under my care now who is and has been in robust health, but who suffers from a most extensive eczema, covering nearly the entire body. This is a case of twenty years' standing. All of the indications point to the fact that eczema rubrum is a disease of the skin caused by a micro-organism and therefore a local disease.

To prove this position to be a true one, I instituted, a few years ago, a series of experiments, which have been carried on at intervals for four years.

My first microscopical examination of the eczematous exudation was in the winter of 1887. I had a case on hand which promised to be interesting, so I placed a bit of the exudate taken from the patient's leg under a $\frac{1}{4}$ inch Bausch and Lomb and was surprised to see the field full of black dots, micrococci.

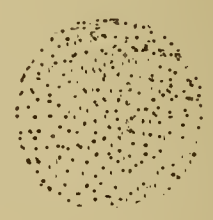

FIG. I.—As seen under a $\frac{1}{4}$-inch objective.

I then screwed on an $\frac{1}{8}$ inch objective when the scene changed, and by taking advantage of the light, I thought I could see lateral and rear appendages to the organisms.

I called the attention of several medical gentlemen to the fact, and they agreed with me, and suggested a higher power glass for further investigation. I wrote immediately to Prof. Griffith, of Buffalo, N. Y., for a $^1/_{10}$-inch glycerin immersion. When it came I procured a fresh specimen from the leg of my patient and the figure below well illustrates what I saw. Thousands of these organisms crowded the field.

Carrying out the idea of this being a contagious local disease we determined to make a few inoculations and for this purpose procured a young, healthy dog and shaved off the hair from the right hip and planted some of the exudate freshly procured from the leg of my

patient. Nothing happened till the fourth day when the dog commenced scratching the bare spot and for the next week did nothing else.

We then tried many of the remedies recommended by various authors. We made but poor headway in allaying the pruritus until we made an application, recommended by Prof. Duncan, of Kansas City, Mo., of bismuth and mercury.

The spot was well cleansed with saponis viridis and hot water and the following was thoroughly rubbed in:

℞ Bismuth subnit., - - - gr. xx.
Ung. hydrarg. nitrat., - - - ʒj.
Cosmolini, - - - - - ℥j.—M.

After a few applications the dog got a little rest, but the parts were not entirely cured until aconite in tincture was applied.

FIG. II.—Greatly enlarged. As seen under a $^1/_{10}$-inch objective.

Another animal was secured and the whole hip shaved and inoculated, and as before, in about four days he commenced shoving himself around on the floor. We put on a muzzle and applied campho-phenique diluted with olive oil, equal parts. The second day the dog was no better. I then applied the campho-phenique, full strength, and was surprised to find the animal quiet

FIG. III.—As seen under the $^1/_{10}$ objective. Taken from the dog. (Enlarged).

after four applications three hours apart. I then inoculated the other hip and used the tincture of aconite alone and the pruritus ceased the second day. I tried the campho-phenique on another spot and it seemed to cure in three days.

I examined some of the effusion from the spot on the dog and found the organisms very immature, the spiculæ being rudimentary only.

About this time a young woman came to the office suffering from eczema fissum of the dorsum of the hand, of only a few days standing. I procured a little of the exudate from her hand and when put under the $^1/_{10}$-inch it had the same appearance as in the case of the dog, *i. e.*, the organism appeared to be only half grown.

It is quite probable that a higher power objective would reveal these undeveloped sponggiæ in their entirety, but my opinion is, that they are what they appear to be, undeveloped in these recent cases.

In order to further test the drugs recommended in eczema, I mixed the drugs, one at a time, with a little of the exudate for my inoculation, with the view of finding one or more that would render the specimen innocuous. I took a specimen and mixed with it, a solution of carbolic acid, say a ten per-cent. solution, and then inoculated the dogs with the mixture and watched the effect. I need hardly say the results were various; but the only medicines which had the desired effects were aconite and campho-phenique, though we used the common acids, the unguentums, drugs, and, in fact, everything recommended by different authors.

In treating eczema, the conditions of different patients must not be overlooked. Many times there are indications demanding internal treatment of widely different kinds, to meet which, we have recourse to our varied armamentarium. Hence, I do not wish to leave the impression that these two germicides are specifics in the common acceptation of the term, but I do claim that in a healthy patient recent eczema can be immediately cured by these remedies alone.

In complicated cases, however, we need the green soap to reduce the thickened, scaly, discolored and diseased skin; we need adhesive straps and the bandages to bring the edges of the ulcers together and compress the tissues into a vivifying, organzeable mass; we need the poultice to get rid of the myriads of horny, flat and elongated cells of the derma.

I will only introduce two cases, to illustrate my mode of treatment.

Case 1.—Mrs. Amand W., æt. 47, native of Georgia, married 22 years. Five children, all healthy. Previous history fair. Father dead; mother living and in good health.

Consulted me in the fall of '88 for an eczema of the right lower limb, complicated with ulcers, varicose veins, pigmentation and œdema of twelve years' standing. The dermoid tissue had steadily increased in thickness the last four years, ulcers were scattered here and there, varicose veins disfigured the limb, especially on the back part of the leg. The menopause had not been satisfactorily passed, and altogether it was a very unpromising case. The constitutional remedies were selected with direct reference to the conditions present, and were varied according to indications during the course of the treatment.

I commenced local treatment by poulticing with bran over night. At my visit in the morning I had the entire diseased surface cleansed with hot water and green soap, well dried and thoroughly covered with cloths soaked in campho-phenique, cotton lightly applied, then a rolled bandage, well put on, from the toes up, reaching above the knee. At night the limb was

again washed, and the poultice applied till morning. In the course of ten days there was a decided change for the better. The skin grew thinner, and the ulcers took on a more healthy appearance.

When the ulcers commenced to granulate, I grafted in nearly a hundred grafts from the skin of the frog, most of which grew nicely. In three weeks she considered herself cured and was discharged.

Case 2.—Mr. J. A. D., æt. 55. American. By occupation a merchant. Married for twenty-two years. Had suffered from an eczema for twenty-one years. A part of this time he had to walk with crutches. Of late years he had been on his feet as little as possible, owing to the swelling of his leg.

My examination revealed his left leg a disorganized mass of skin, discolored and sloughing, varicose veins, ulcers and œdematous tissue. The internal remedies I will not mention except the following prescription, which was given as long as indicated:

℞ Tinct. rad. aconiti, - - - f℥ij.
Syrup. ferri iodidi, - - - ℥j.
Tinct. actæ. racemosæ, - - f℥v.
Hydrag. chlorid. cor., - - gr.iv.
Syrup. simplicis, - - q.s.ad.℥iv.

M. Sig.: A teaspoonful before meals.

As a local treatment in this case, I used green soap and hot water for cleansing the limb. I touched all the ulcers with pure nitric acid, and then applied a ten per-cent solution of tinct. aconite to the whole diseased surface, wrapped in antiseptic cotton, and finished the dressing by putting on a stout rubber bandage, elevated the limb, and let it rest till bed time, when the dressing was removed and a bread and milk poultice adjusted and left till my visit the next morning. This practice was persevered in till the ulcers were ready for skin grafting. The internal treatment varied as the condition demanded, and within four months the patient was discharged.

These two cases are only examples of thirty-seven which I have successfuily treated with these remedies.

Now as to the Name.

The combination of the two Greek terms, *ec* and *tew*, meaning, "I boil out," was selected no doubt to express the characteristic weeping which appears at some period in the history of an eczema, but it expresses little of the pathology of the disease, and none of the ætiology.

Boiling out or over is a condition always present in vesicles, blebs, pustulæ, and at times in papulæ, from whatever cause.

In order to rightly understand disease, and treat it intelligently, we must comprehend its pathology and its ætiology. I am satisfied that eczema rubrum is caused by a micro-organism known to science as sponggia, or if not, the organism resembles the sponggiæ. Therefore, I would affix the word to eczema, and make a complete word, viz.: Eczema Sponggois. "I boil out by (the aid of) sponges." Thus combining the effect and cause in a single expression.

TRANSLATIONS.

FROM THE FRENCH.

BY F. NEUHOFF, M.D , ST. LOUIS.

Chronic Rheumatism, its Causes, Symptoms and Forms.

Chronic rheumatism, known also under the names of subacute rheumatism, knotty rheumatism, gouty rheumatism, nodes of Heberden, dry arthritis, arthritis deformans, etc., is regarded by most authors as a continuation of frankly acute rheumatism, or at least as a form of that disease. This is an error easily refuted.

Chronic rheumatism does not, like acute articular rheumatism, localize itself in serous membranes. On the contrary, it affects by preference the fibrous membranes, especially the periosteum, the aponeuroses and the articular cartilages. It is, moreover, very often hereditary, and differs also as to its causes and its course from acute rheumatic fever. It can be said, therefore, to constitute a disease distinct from the latter affection. If you analyze carefully the various disorders which accompany, precede or follow chronic rheumatism, you will perceive that it is indeed only a syndrome, only a branch of a great pathological family.

This syndrome (or combination of symptoms), manifests itself most frequently at an advanced period of life, especially near the menopause in women and near the age of 50 in men. It may occur, however, at other periods of life, at puberty, or even earlier. In the latter instance it is generally subacute in type, and on this account, as a rule, mistaken for rheumatic fever. As to sex, chronic rheumatism occurs with about equal frequency among males and females.

Unlike rheumatic fever, chronic rheumatism is very rarely an acquired affection. Its heredity is especially easily demonstrated, if you regard it as a syndrome. It occurs not only among the descendants of those afflicted with chronic rheumatism, but also among those whose parents had the concomitant diseases of this complaint, and, although not manifesting any articular localizations, were, nevertheless, afflicted with the general disease on which these localizations are dependent.

Thus, it is not uncommon to find chronic rheumatics whose parents were subject to migraine, hæmorrhoids or eczema. And on the other hand, migraine, gastralgia, acne and psoriasis are frequently found among those whose parents had chronic rheumatism.

Damp cold, though occupying an important place in the etiology of acute rheumatism, must be regarded rather as the occasion of the manifestation of chronic rheumatism, which frequently occurs among those living under the best hygienic conditions.

Indigence is supposed by some to be an important factor in the production of chronic rheumatism. It has even been maintained that chronic rheumatism is an affection peculiar to the poor. This is a mistake, which

results from the fact that the disease is generally called gout when it occurs among the well-to-do.

A syndrome of a general malady, chronic rheumatism is occasioned by the diverse circumstances which impress the nervous system, and thus put into play heredity. Such circumstances are: Puberty, the menopause, menstrual epochs, pregnancy and parturition. These are also precisely the periods of life when nervous diseases develop themselves, which proves the hereditary influence in both instances.

Chronic rheumatism occurs under many diverse forms, which some authors have regarded as distinct affections. This is fallacious, because these forms are usually encountered in the same individual, and generally coexist with the same pathological disorders.

For the sake of clearness, we will reduce these forms to a small number, and group them under two principal heads: 1, generalized chronic articular rheumatism, and 2, partial chronic rheumatism.

I. Generalized Chronic Rheumatism.

This manifests itself, sometimes in an acute or subacute form, and sometimes in a form purely chronic.

a. The acute form occurs occasionally in young subjects, but more often at an advanced period of existence. It thus differs from frankly acute rheumatism, which is seldom met with after the age of 25. Most of the articulations, but first those of the feet and knees, are taken with severe pains, which are increased by motion. The redness in some cases is not well marked, the swelling is sometimes nil, but ordinarily it is considerable, and is produced by a real œdema of the tissues over the joints and the vicinity. The articular cavities are sometimes dry, and sometimes filled with abundant serous effusion. The mobility of the affection exists at times, but it is less marked, than in frankly acute rheumatism, just as most of the phenomena differ from those of the latter affection by a less degree of intensity. This is true also of the fever, which ranges between 37.8° to 38.8°. The pulse varies from 80 to 100 beats a minute. The secretions remain almost normal. Perspiration is most often wanting. The urine is usually sufficiently abundant. More rarely it is concentrated or laden with salts. The blood has been little investigated. We know, however, that it is not fibrinous. The anæmia is also less than in frankly acute rheumatism.

Let us add, that the acute exacerbations of chronic rheumatism are never accompanied by the visceral lesions observed in rheumatic fever, and we shall understand the enormous difference existing between these two pathological states. Thus, in chronic rheumatism, the mitral valve is never altered; and if the heart is affected at all, as may happen in young subjects, it will be aortic insufficiency that develops. It is moreover, always the arterial, and never the endocardial side of the semilunar valves, which is diseased.

The course of the acute exacerbation of chronic rheumatism lacks the uniformi observed in frankly acute rheumatism. It is irregular, intermittent, and habitually lasts two or three months or longer. It leaves behind it osteophytes, creaking, articular deformities, and, rarely, aortic insufficiency. A fatal termination is only exceptionally observed.

b. The chronic form of generalized chronic rheumatism comes on insidiously. It is observed most frequently with individuals having passed the age of 40. Those afflicted, experience from time to time lancinating pains in the course of limbs and in joints. The latter become stiff and dry. Articular movements become difficult, especially at the commencement of the act of walking. Afterward motion becomes easier, but it is usually accompanied by dry creaking, indicative of the absence of synovial fluid, and of a modification of the cartilages. The neighboring muscles are almost always atrophied, and the tendons occasionally retracted; but what especially characterizes this disorder is the presence of osteophytic productions. These productions form smooth, firm projections at the lateral aspect of the joints. They are sometimes painful, and surmounted by small crests distending the ovarlying skin, but, contrary to the deposits of urates, they never modify the color of it, nor do they ever perforate it. They are called bunions when they occupy the head of the first metatarsal bone, nodes of Heberden when they affect the articulations of the fingers, and osteophytes when they are situated in any of the other joints.

Already tumefied by osteophytes, the articulations become so, moreover, in certain cases, by serum, or by fungosities, resulting from the multiplication of the elements constituting the synovial fringes. These synovial fringes are, also, the point of departure of most of the articular foreign bodies which form at the expense of the cartilaginous kernel enclosed in them.

All these modifications are so many circumstances which favor the articular deformity. They bear simultaneously on a tolerably large number of joints, commencing always at the extremities of the members and extending toward their roots. The fingers are thrown outward, semiflexed or turned backward. The hand, nearly always inclined toward the ulnar side, presents very often a kind of "lordosis" which, with the prominence of the wrist, and of the heads of the metacarpals, causes it to resemble the back of a fork. The feet are the seat of deformities analagous to those of the hands. The tibio-tarsal and humero ulnar articulations are more rarely deformed. The knees, sometimes much enlarged, present, in general, osteophytes on their lateral aspects, and the entire leg may be deviated from its axis. Similar disorders occur in the ilio femoral joint. The vertebral articulations even, may give rise to vicious attitudes, most often by a bending of the whole body forward, which become permanent if the vertebræ becomes united.

All these disorders have the effect of deforming the joints by the projections and deviations which they occasion. With these deformities, there associate themselves vicious attitudes, resulting from the change of

relationship, which occurs between the different parts of the limbs. Determined ordinarily by muscular atrophy and tendinous retraction, these attitudes soon become permanent and form deformities, sufficiently constant in nature, to lead to their being classified into many types. Under certain conditions, the articular surfaces, having been deprived of these cartilarge, grow together, either by fibrous or by osseous tissue, and there results ankylosis of the joints, of limbs, or even of the spinal column.

The progress of generalized chronic rheumatism is ordinarily very slow, though a little more rapid in young subjects than in older ones. Certain patients, although inconvenienced, are still able to walk; others, on the contrary, become helpless; they can neither walk nor sustain themselves, either on account of pains which motion produces, or on account of the deformities and subluxation of the joints.

These disorders are not generally fatal, and death usually comes from some concomitant affection, most frequently a lesion of the kidneys, of heart, or of the encephalon, consecutive to the arterio-sclerosis which is, so to speak, constant with patients having chronic rheumatism.

The diagnosis of this variety of chronic rheumatism is easy. The absence of fever and the large number of joints affected do not allow any confusion with acute articular rheumatism, nor with any other arthritis, whether tubercular or gonorrhœal, etc. Besides at the end of a certain time, the articular creaking and the presence of osteophytes do not leave room for the least doubt as to the nature of the disease.

The prognosis depends on the infirmities which result from the articular disorders and the consecutive vicious attitudes.

II. Partial Chronic Rheumatism.

Like the generalized form of chronic rheumatism, so the partial form manifests itself either in acute exacerbations, or in a manner essentially chronic.

a. The acute exacerbations localize themselves preferably in the large joints of the limbs, which are sometimes simply the site of pains, compared by the patients to shooting or burning. Difficulty of motion is also present on account of a certain degree of muscular contraction. Quite noticeable swelling is ordinarily observed, due to periarticular œdema or synovial effusion. The instep, the great toe, the dorsum of the foot, the metacarpo-phalangeal joint of the thumb, and the back of the hand, are frequent sites of infiltration of the subcutaneous tissue (which latter condition is also frequently connected with gout). This is usually accompanied by slight fever of short duration, and by anorexia. At the same time the general condition is good, the secretions are normal, the sweats nil.

Cardiac involvement does not occur with any more frequency than in the acute variety of generalized chronic rheumatism. Arthritis with effusion affects with preference the large joints, especially the knee. It is unilateral at times, and at times bilateral and symmetrical. The affected joints, though painful at first, cease to be so, or are so in a much less degree when the effusion has occurred. The effusion is usually abundant, and, when the knee is affected, cause a fullness on either side of the patellar ligament, which is peculiar to effusion in the knee-joint. When the elbow is affected, the fulness occurs on either side of the olecranon. The effused fluid is serous, clear, and transparent. The skin which covers it is distended, scarcely colored and often painless, so that in certain instances these cases of arthritis have been considered as simple hydrarthroses.

It is difficult to fix the duration of this disorder, but we know that it persists usually several weeks, but in some cases it lasts two months. The disease is not always terminated when the effusion or œdema disappears. There remains often periostitis as a sequel of osteophytes, which demands special treatment. Besides, there sometimes exist articular creakings and deformities which restrain motion.

Rarely does ankylosis supervene in these conditions. The diagnosis of this disease is not difficult when osteophytes and articular deformities exist. Nevertheless, in the acute stage difficulties may arise, especially when the patient is a young man. In this case one may hesitate between partial chronic rheumatism, gonorrhœal rheumatism, and even traumatic arthritis. The general state of the patient, his antecedents, the course of the disease, the doughyness of the joint, and finally, the presence of fistulæ around the articulation will put one on the track of tubercular arthritis.

In gonorrhœal arthritis the joint is the seat of soft swelling, due to œdema of the neighboring structures; the pain is intense, the fever high, and ankylosis is, so to speak, the rule; the examination of the urethra will also aid in making a diagnosis.

Traumatic arthritis is distinguished by its cause and its course.

b. The chronic form of partial rheumatism, like the acute variety, invades by preference the large articulations, such as the hip, the knee and the shoulder. It begins slowly and insidiously, and so to speak, unknown to the patient. The symptoms are general or special. The former are: osteophytes at the eminences of the articular ends of the bones, difficulty of motion accompanying articular creaking, and finally the presence of foreign bodies in the joint, and consist in special attitudes which may give rise to errors in diagnosis; for example, when the hip is affected, the head of the femur being wedged in the acetabulum, walking becomes impossible, and, if both sides are affected, it is possible to confound this affection with paralysis or curvature connected with compression of the spinal marrow or some other cause. Nevertheless, on the one hand, a study of the movements which can be executed, and the existence of articular creaking, and on the other hand, the presence or absence of reflexes and the state of the sensibility are circumstances which prevent confusion.

Apparent difficulty may exist in the case of the shoulders, but the diagnosis will be easier for the other joints.—M. Lancereaux, in *l'Union Medicale.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, JUNE 7, 1890.

A NEW METHOD OF ARTIFICIAL RESPIRATION.

Dr. Andrew H. Smith, in the *Virginia Med. Monthly*, describes a method of artificial respiration which is a combination of the Sylvester and the Howard methods, and is more effective and more easily carried out than either of them. It has the advantage, or disadvantage, according to circumstances, of requiring two persons for its performance; the work being thus divided up is rendered much less fatigueing. It is performed as follows: The patient lying on the back, and, if possible, placed upon a table, one operator at the head takes a hand in each of his, and draws the arms directly upward, with a slow and steady pull, continuing the traction until the maximum of thoracic distension is obtained, which will require about three seconds. This accomplished, the traction is relaxed, without, however, attempting to place the arms against the sides. The other operator, who is kneeling or standing by the side of the patient, now presses with both hands forcibly upon the chest in a direction backward and toward the median line, so as to diminish both the depth and the breadth of the lower half of the thorax. This pressure, like the traction, should be made slowly and steadily, and should be continued until the maximum expiratory result is obtained, say two seconds. The pressure is then relaxed, and the traction on the arms follows again immediately. In this way about twelve respiratory movements per minute will be accomplished, under conditions giving the largest excursion of the chest walls attainable by manual procedure, says Dr. Smith. He points out that Sylvester's method is defective, in that it does not provide for efficient compression of the thorax; the position of the operator at the head of the patient makes such compression extremely difficult. Howard's plan, however, does not provide for any expansion of the chest beyond the cadaveric position, and is, upon the whole, much less effective than Sylvester's. The combination of the two methods, which he suggests, is a very considerable approach to the results of natural respiration, the action of the diaphragm alone being unrepresented.

THE APPLICATION OF HEAT.

Dr. Th. Schott, of Bad Nauheim, in the *Deutsche Med. Zeit.*, draws attention to some of the results following the local application of heat, together with his methods of using it. High degrees of heat, that is to say, water with a temperature of from 140° to 165° F., are well adapted to exercise a stimulant effect upon a weakened heart. Where the application of cold leads to fever and stronger contractions, heat exerts its best influence where the weakened heart muscle is capable of nothing more than a highly increased number of very weak contractions. The action of heat in such cases, though only temporary, is often apparent in a few minutes; the dilated heart plainly lessens in size, and the heart beat is markedly slower and strengthened. This action is not to be attributed to a simply cutaneous reflex, but is due to the rapid spread of high degrees of heat into the tissues, and in this opinion Dr. Praussnitz, of Hamburg, concurs. More exact experimentation is necessary before it can be determined whether it is the heart muscle itself or the intra-cardiac ganglionic system which is directly influenced.

The heat is best applied by means of rubber water bags, which are readily fitted to any part of the body. It will be found that it is also of especial benefit in chronic swellings, notably in chronic muscular and articular rheumatism. Heat also answers an excellent purpose as an anodyne, so much so that in many cases of acute articular and muscular pains, neuralgias, etc., Dr. Schott was able to avoid the use of morphine where it would otherwise have been necessary; he carefully used massage in conjunction with the heat.

It is of course understood that the use of heat as a therapeutic agent requires as careful supervision on the part of the physician as is the case with other curative measures.

As to the mode of application of the hot bag.—It is repeatedly applied for a few seconds at a time to the affected portion of the body, until a distinct, that is, painful, burning sensation is felt, which is usually apparent in one half minute. The application may be made by the patient himself. After one spot has been so covered another is selected, and so on, until the whole area has been worked over. If for the heart, the bag is applied to the anterior and posterior chest-wall; in other cases to the affected joint, muscle or nerve. This procedure is repeated every ten, twenty or thirty minutes until the desired effect has been attained.

The bag should be of strong soft rubber, and the

cork at the opening should be so perforated as to allow a thermometer to fit in air tight, by which means the temperature of the water may be at all times regulated.

The Treatment of Acne.

Acne is one of the most stubborn diseases of the skin, and is one which frequently comes before the general practitioner. The treatment which Dr. Fournier employs is somewhat different from the line of treatment usually adopted, and we, therefore, give it in full, as reported by the Paris correspondent of the *Med. Age*:

Dr. Fournier believes that internal treatment is of no value in this affection, and relies chiefly on the employment of external remedies. The kind of diet, however, is of importance. Over-eating, as well as meat, condiments, etc., should be avoided. The remedies employed are divided into three classes, according as their action is stimulant, substitutive or destructive. Among the stimulant remedies are hot applications repeated several times daily, and local steam douche. Powder of soap may be used, rubbing it in vigorously, if on the face five minutes, on the back ten minutes. This should be done twice daily, and repeated until quite severe irritation is set up. If necessary, the following should be employed at night in addition:

℞	Vaseline,	20 parts.
	Precipitated sulphur,	2 parts.
	Essence of rose,	3 parts.

Or the following:

℞	Water,	50 parts.
	Camphorated alcohol,	6 parts.
	Sulphur,	3 parts.

These means will suffice in light cases, but where the disease is persistent, it may be painted with oil of cade, or tar. Potash soap is still more irritant, producing a veritable dermatitis, and of this the patient should be warned.

Applications may be made every evening for four or five days in succession, being removed in the morning by washing with hot water. This should be followed by the application of emollients for a few days, after which the first application should again be employed, and this may be repeated for some weeks if necessary. At the end of six weeks the result is generally good, but not always permanent. Among the more energetic methods which may be employed in case of failure of the above mentioned treatment, are scarification, cauterization by ignipuncture, etc.

Hæmorrhages During Pregnancy.

A recent number of the *British Medical Journal* contains an interesting paper on this subject by A. E. Aust-Lawrence, M.D., who endeavors to divert attention somewhat from placenta prævia as a cause of hæmorrhage. The usual idea is that if a woman bleeds before she is gone six months, she is going to abort, and if she bleeds after six months, she has placenta prævia.

There are many other causes for hæmorrhage from the vagina during pregnancy, and among the first of these is the persistence of menstruation. A woman may be pregnant and yet have a discharge of blood from the uterine cavity before the two deciduæ have come in contact, which will in no way interfere with the process of development. Hæmorrhage from this cause usually occurs but once, and then at the time when the menstrual period would have occurred. The second cause of hæmorrhage, and one which is very common, is a granular and evolved condition of the os and cervix uteri, not malignant. A little blood is lost at irregular intervals, increased at what would be the periods; or, varying with this, there is the constant passage of dirty brown mucus in large or small quantities. In all these cases all that is to be done is to examine the woman and find out the cause. Nitric acid applied to the granulating surface will soon effect a cure, or astringent injections alone will often suffice. If the granular condition extends high up the cervical canal and into the uterus, and the bleeding is very excessive, all that can be done is to induce abortion. Polypi should be looked for and removed if present.

The third kind of cases includes those where the bleeding comes from the cervix, owing to its being the seat of malignant disease. In these cases there may be no evidence of any disease or of anything unusual until pregnancy had taken place, when slight hæmorrhages may occur at irregular intervals; sometimes, however, the bleeding is profuse. Under most circumstances the best treatment is at once to induce abortion. The bleeding is checked to a great extent, and the woman's risk is lessened by not letting her go on to full term with an increasing disease of the cervix uteri. Many cases under treatment by the author only come under observation after confinement, most of them being supposed to suffer from the many post-puerperal conditions which induce menorrhagia. In these cases the disease was already far advanced, and the fatal termination was in all most rapid. It is not, however, always easy to diagnose malignant diseases soon after labor.

Hæmorrhages may proceed from the vagina, and may be due to malignant growths of the vaginal walls, vascular growths at the meatus, etc.; or rupture of some of the vaginal veins during coition, or straining at stool. Hæmorrhages may also proceed from the placenta, where its position is normal, but its constitution is wrong. The placenta is very soft and pulpy, and from slight causes blood oozes from its vessels. If, in spite of rest and opium, and small doses of ergot, the bleeding persists, then the uterus should be cleared out. The author has seen a number of these cases, and has never regretted acting too soon, but has sometimes regretted not acting soon enough.

Another class of cases is where the construction and position of the placenta are normal, and yet, from an

accident, separation of the placenta has taken place, with the result of hæmorrhage, external or internal. If the hæmorrhage be external and severe, and cannot be checked, realize at once the position of the woman, and clear out the uterus. In such cases refinements of diagnosis are out of place. The cases of the second variety, where the bleeding is internal, are the ones to try a medical man. The woman is bleeding into her uterine cavity, either between the membranes or wall of the uterus, or into the amniotic cavity itself. There is no external evidence of hæmorrhage, yet every symptom points to the loss of blood. Hæmorrhage from every conceivable place is excluded—mouth, bladder, bowels, and vagina; there is the history of sudden pain, and tension in the uterus, faints, etc. The only chance of saving the woman is in clearing out her uterus, and if the patient is not seen early, the chances are that in spite of all she will die.

If all these causes are excluded, the presumption is that it is a case of placenta prævia, and here again the golden rule comes in, clear out the uterus. As in the majority of these cases the os uteri is closed, it should be dilated with tents. Finally, the most thorough and rigid antiseptic precautions should be employed throughout.

Echoes of the Meeting.

Change in the Board of Trustees.—Dr. Toner resigned the position on the Board of Trustees for the Journal, and notwithstanding his protests, President Moore was elected to the vacancy.

A Centennial Celebration.—On motion of Dr. Toner, the chair appointed a committee to consider the question of holding a centennial celebration of the discovery of vaccination in 1896. Dr. Toner was made Chairman.

Section on Materia Medica and Pharmacy.—On motion Materia Medica was removed to a new section to consist of Materia Medica and Pharmacy. Dr. Frank Woodbury, of Philadelphia, was elected Chairman of the new section, and Dr. W. G. Ewing, of Nashville, Secretary.

A Breezy Discussion.—Dr. H. N. Moyer, of Chicago, in Thursday's general session succeeded in bringing about a discussion that was very lively and emphatic, withal. He offered a resolution to the effect that all general business of the session be conducted from the floor of the house and not from the stage, exceptions being made with reference to the president and secretary. He said that heretofore nine-tenths of the business of the Association has been conducted from the platform, a practice that did not prevail in any other parliamentary body.

Dr. Toner, who was on the platform, asked an explanation of the animus of the resolutions—a motion to table which was immediately lost by rising vote of 18 to 40.

Dr. Grissom spoke in favor of the resolution, saying that it was simply an observance of parliamentary usages.

Dr. Davis moved that the chairman of the Committee of Arrangements be added to the list of exceptions. Carried.

Dr. Murphy did not favor inviting gentlemen to the platform and then putting a cob in their mouth.

Dr. Brodie also took exceptions to the resolution, but it passed as a standing resolution, notwithstanding the commotion and antagonism it had aroused.

MEDICAL ITEMS.

Cerebro-spinal Meningitis is reported as prevailing to an alarming extent among horses in Kentucky.

To Acidify the Urine.—It is said that saccharin, in five-grain doses thrice daily, will promptly acidify alkaline urine, to the great relief of cases of cystitis.

Method in Their Madness.—The inmates of an English lunatic asylum rose in riot, and smashed things generally, because they were deprived of beer for their dinners.

Abscess of the Frontal Sinus.—A symptom which is said to be invariably present in cases of abscess of the frontal sinus, is violent pain in the back of the infra-orbital and nasal nerves.

Warner's "Safe Cure" in Austria.—The sale of the patent nostrums introduced under the name of "Safe Cures," has been forbidden in all parts of Austria represented in the national assembly.

Fees of Medical Witnesses.—The fee allowed in Great Britain to medical witnesses in courts of law is one guinea for every day's attendance at trials in the supreme and county courts, with traveling expenses. In the lower or police magistrate courts the fee is half a guinea.

Pyoctanin, a New Antiseptic.—Professor Stilling, of Strassburg, has discovered pyoctanin, a new antiseptic. It is a methyl-violet, free from arsenic, and in the strength of 1-2000 manifests a strong anti-bacterial activity, which the author has tested in practice, with satisfactory results.

Crusade Against Quacks in Italy.—The Italian governmental department having supervision over medical matters has inaugurated vigorous measures for the prevention of irregular practice throughout the kingdom. The Minister of the Interior, as he might

be called, has recently sent out instructions to all prefects calling upon them to furnish at the beginning of every month a list of all the cases in their respective districts upon whom unauthorized persons have attempted to practice.

Excretion of Mercury through the Salivary Glands.—At a recent meeting of the German Medical Society of this city, Dr. Weiss reported a case of mercurial salivation in which the greater part of the mercury was eliminated by the salivary glands, contrary to the general rule.

What is the Difference?—There are to be various congresses of women engaged in different pursuits in Chicago at the time of the World's Fair. In describing what would be done in this direction, one of the committee referred to the members of the different professions as women doctors, female nurses, and lady lawyers.

Salolized Collodion for Rheumatic Joints.—The *Can. Med. Rec.* quotes from the *Lond. Med. Rec.* the following prescription to be used as an external application in acute rheumatism:

℞ Salol,
Ether, - - - - aa 4 parts.
Collodion, - - - - 30 parts.—M.

Nephrectomy in a Child.—In February of this year, Professor Dohrn performed nephrectomy on a child three years of age, the condition being a large malignant tumor involving the right kidney and supra-renal capsule. The operation was difficult on account of the size and softness of the tumor, which was a rhabdo-myosarcoma. The child was alive and well two months after the operation, the mortality of which is 44.9% at the present time.

Adulteration of Lard.—A strange way of adulterating lard was observed at the laboratory of Dr. Van Hamel Roos, says the *Zeitsch. f. Nahrungsm.* A sample of lard from Belgium was found to contain 45.58% of water. As it is impossible to mix fat and water in this proportion by any ordinary method, the author had resort to saponification, and by the addition of small amounts of alkalies was enabled to add water in this large proportion.

The Duty on Cod liver Oil.—Many of the representative wholesale drug firms and manufacturing chemists of New York and Philadelphia have joined in a protest to congress against the further imposition of a duty on cod-liver oil. They urge that cod-liver oil cannot be obtained in sufficient quantities in the United States, on account of the limited supply of fresh cod livers; that it is used not only as a medicine, but also as a food for weak persons, and that no other article can replace its excellent qualities for these purposes. They beg, therefore, that the Committee on Revision of the Tariff will place this medicinal article on the free list.—*Med. Rec.*

A Curious Statement.—The Detroit *Journal* is authority for the statement that a portion of the lungs of President Garfield were taken at the time of the autopsy and cut up and distributed among microscopists. Upon being interviewed as to the foundation for the statements, the *Journal* states that it knows of persons in Detroit who have such portions in their possession.

Cystic Degeneration of the Brain.—Pick (*Arch. f. Psychiatrie u. Nervenkrankh.*, Bd. xxi) has made a careful study of eight cases in which multiple cysts were found in the brain. In his account of their character, position and varieties, and also in his opinion that they are due to dilatation of the perivascular lymph spaces, he confirms the views of previous authors; and he considers that the obstruction causing the dilatation of the spaces is due to some congenital mischief.

Treatment of Rheumatic Facial Paralysis.—Dr. Jules Mascarel treats rheumatic facial paralysis by acupuncture combined with a weak induced current of electricity. This is said to effect cures within 40 to 48 hours, if recent, but if of longer standing, more time is required. The treatment should be applied before food is taken, or two or three hours afterwards; the current should not be applied longer than five minutes, and should be regulated by the sensitiveness of the patient.

Extra-uterine Pregnancy is an accident whose early diagnosis is of the first importance to the patient's life. Taylor (*Medical Press*) believes that the three signs of the greatest service in forming a diagnosis at any early period are:

1. Amenorrhœa, followed, after six or seven weeks, by irregular hæmorrhage.
2. Absence of any uterine enlargement.
3. Tubal tumor, usually felt directly behind the uterus.—*Times and Reg.*

Hereditary Hypospadias.—In the May number of the *Revue Biologique du Nord de la France*, M. P. Delplanque publishes a curious example of family proclivity to hypospadias. In the father, aged 45, the opening of the meatus is merely situated rather more to the under aspect of the penis than usual, but the deformity is well marked in three of his sons, aged respectively 11½, 9, and 8. Next in age come three daughters, all perfectly well-formed, and lastly a fourth son, recently born, who presents the same abnormality as his elder brothers.—*Brit. Med. Jour.*

The Value of Medical Services.—"There is no fixed tariff for a physician's fees, and when he hands in a bill for professional services, his word must be taken for the correctness of his account unless there be direct

proof against it." This was decided by Mr. Justice Jette, in the Superior Court of Montreal lately, in rendering judgment in case of Dr. Azarie Brodeur, against Mr. Alexandre Bourgeau for $200, amount of fee for setting a broken collar bone. Mr. Bourgeau had offered to pay $100, but this was refused, and suit was entered. The defendent pleaded that the price was too high for so simple an operation, that moreover, it was completely offset by the fact that in cousequence of unscientific treatment three of his fingers are partially lamed.

Cleveland's Colic.—The physicians in Cleveland are kept busy by an affection which seems to be epidemic, and which, for the want of a better name, they call "winter cholera." The chief symptoms are a severe colic, nausea, and a feeling of great depression. No deaths from the disease have been reported, but the patients, when attacked, feel that their last hour has come, and send in urgent haste for their medical ad visers. The latter regard the disease, speaking financially, as almost equal to the influenza.—*Med. Rec.*

Suspension in Hæmorrhoids.—Suspension in ataxy of a novel sort is described by Foote in the *Medical World.* Being a sufferer from ataxy, and hæmorrhoids as well, for the latter complaint he resorted to manipulation aided by gravitation. He drew his legs up, widely separated, and hung thus for half an hour, until he could return the prolapsed masses to the rectum. This was in 1883, before he had heard of suspension in ataxy. Finding that the latter was improving, as well as the hæmorrhoids, he continued the practice, and now states that he is so far recovered that he no longer suffers.—*Times and Reg.*

Advertising Patent Medicines in a Novel Way. At the Methodist Annual Conference in Bath, Me., the report on printing showed the minutes printed at ten cents per copy. Objection was raised to an advertisement of Jamaica ginger, many of the membera maintaining it to be an intoxicant. Bishop Andrews was surprised, because he had used it since he was a boy without knowing it was an intoxicant. A motion to advise the next committee to keep such advertisements from their minutes was made, but subsequently withdrawn. It would be in order for the enterprising firm to publish some certificates of the clerical gentlemen who have grown up on the drug.—*Med. Rec.*

The New Beaumont Medical College.—On Saturday, the 28 ult., the corner stone of the new Beaumont College building, to be erected on Jefferson Avenue and Pine Street, was laid by Mayor E. A. Noonan, in the presence of a number of physicians and citizens. The ceremonies were opened by an eloquent address by Dr. W. B. Outten, Dean of the college. This was followed by the laying of the stone, after which addresses were delivered by Dr. D. S. Booth, Sr., and by Rev. George E. Martin. Letters of regret at their inability to attend, were received from Lawson Tait, Sir Spencer Wells, Sir Wm. MacCormick, Dr. N. S. Davis and others.

The following is the letter from Mr. Tait:

"I present this book, 'Diseases of Woman and Abdominal Surgery,' for the purpose of its being placed in the foundation stone of the new building on my forty-fifth birthday May 1, 1890. And in so doing I venture to express my best wishes for the future of the building and my own personal indebtedness to the American Medical Profession for much kindly appreciation and encouragement in the work it sets forth."

Amongst the interesting documents placed in the box of the stone were: A history of the Beaumont College; its Constitution and By-Laws; Constitution and By-Laws of the St. Louis Medical Society; a copy of Tait's "Diseases of Women and Abdominal Surgery," presented by the author; copies of the Weekly Medical Review, "St. Louis Medical and Surgical Journal," "Journal of the American Medical Association," "Journal of Opthalmology," the St. Louis daily papers, transactions of the Missouri State Medical Society, valuable coins, etc.

CORRESPONDENCE.

MENSTRUATION IN THE MALE.

A correspondent who desires that his name be not mentioned, writes us as follows:

———, Mo., May 5, 1890.

Editor Review.—In the last issue of the Review, I took special notice of Albrecht's observation of male menstruation, which reminds me of a case which came under my observation some years ago, and which I reported in the Review, but the case seemed to create little interest at the time. This was a man well developed, with slender waist and feminine disposition, and a respectable growth of beard. Married, with one child. The peculiarity was that he menstruated regularly (every month) with all the phenomena of ordinary female menstruation. The backache was so severe that he asked my advice about the use of opiates. The discharge from the penis was smartly tinged with blood and lasted for three or four days, after which he felt cheerful and well. He always wears a "Mother Hubbard" when about the house and has many other feminine peculiarities. The penis is well developed. There is no hypospadias. He seems to enjoy the sexual act as much as other men.

I reported the case to some friends in New York, who seemed to attach the same importance to it that I do.

Yours truly, ———, M.D.

Coroners' Juries proverbially bring in curious verdicts. The latest is by a Pennsylvania jury. An embankment caved in on some railroad laborers, and the verdict was: "Died of gravel."

SOCIETY PROCEEDINGS.

AMERICAN MEDICAL ASSOCIATION.

The association convened in annual meeting at Nashville, Tenn., on May 20, 1890, at 11 A.M., about 800 physicians being present. Dr. W. T. Briggs, Chairman of the Arrangements Committee, called the meeting to order. Addresses of welcome were delivered by Dr. Briggs, on behalf of the medical profession of Tennessee and the city, and Hon. Thos. D. Craighead, on behalf of the state. After the programme of the association had been announced, Dr. E. M. Moore, of Rochester, N. Y., president of the association, was introduced, and delivered an address, of which we present an abstract. He took for his subject "Hygiene in its Relation to the Government."

What had been the progress of opinion on this subject? Could we feel that it had received the attention that it deserved? We were here to-day because we were therapeutists and not because we were hygienists. We should not be discouraged; great movements were slow. The speaker then reviewed the history of hygienic legislation from the time of the passage of the first act, Feb. 26, 1796, to May 26, 1886, when, by a joint resolution of Congress, the Secretary of the Treasury was charged with the regulation of quarantine. In 1878 another advance was made, whereby the Surgeon General of the Marine Hospital Service was empowered to make rules for the Consuls in foreign ports with reference to the condition of vessels and cargoes bound for ports in the United States. During the same year still further advances were made by the appropriation of money to defray the expenses incurred in the investigation of the origin and causes of epidemic diseases, and by the establishing of State Boards of health. A natural outcome of State boards was the National Board, the development and growth of which the speaker then traced to the time when it was established, March 3, 1879. The National Board of Health, he said, had a splendid record. Brought into being by the presence of an overwhelming calamity, it achieved a success that was the most remarkable in the history of hygiene, in converting Memphis from a pest-house into a healthy and flourishing city.

The marine hospital service, founded in 1798, was, he said, the most active and prominent among the functionaries of health under the direct rule of the National Government. One could not become familiar with its work without having a strong feeling of admiration for the care with which the service was administered. The management of the late epidemic of yellow fever was proof of the efficiency and value of this service. There was still another field of sanitary action, that of the consideration of animal diseases. In 1884 a bureau of animal industry was organized for the study of the contagious diseases of cattle and placed under the control of the Commissioner of Agriculture, who had been successful in arresting the spread of pleuro-pneumonia. The best results had been obtained by co-operation with state authorities. The speaker then reviewed the work of this branch of the Government.

The Government had shown willingness to advance in the great work of hygiene, but did not take the initiative. To illustrate this he cited the investigations of Sternberg and Frere and the doings of the International Conference and of the convention of Montgomery.

Taking up the question of regulation, he asked could a National Board of Health meet the requirements indicated in the exclusion of epidemics from our borders, their passage from State to State; the hygiene of cars; the drainage of swamps in malarial districts; the adulteration of food, and the various other matters which would come within its province? The work would be too great for such a body. The Secretary of the Treasury was now obliged to make regulations through the Marine Hospital Service, which had no natural relation to the object for which the service was created. The service had its laboratories, and the army, navy, and Bureau of Animal Industry theirs. These disconnected departments should be consolidated, and the solution of the question, he thought, must be found by the appointment by the Government of a single man who would give his undivided attention to this great subject. That man need not be a medical man, but he should be to his functionaries what the Secretary of War was to his. The control of all the bureaus of investigation should be under one head. The time had come when the health minister should be appointed. When the Government had consolidated these bureaus of investigation and hygiene, it would be found that of all the men chosen by our chief magistrate to aid him in carrying on the functions of the Government, the Secretary of Sanitation would have the most arduous labors to perform.

At the conclusion of the address, the president received a vote of thanks for it, and after a few minor matters had been attended to, the convention adjourned.

The section on Medical Jurisprudence met at the First Presbyterian church, with Dr. T. B. Evans, of Baltimore, as President, and Dr. T. D. Caruthers, of Hartford, Conn., as Secretary. The president delivered an address on "Responsibility in Dipsomania:"

In the present period when attention of the whole civilized world is directed to alcoholism it is right and proper that some expression should go forth from this body on the subject. It is hardly necessary to portray the consequences that follow the improper use of alcohol. It is somewhat singular that long ago some effort to restrain this great evil was not made, for evils of much less magnitude have received attention. He called attention to the baleful influences of alcohol, both on the votary and his descendants. The thirst that follows the use of alcohol shows that it causes the system to throw off water from the tissues. The brain has a great per cent of water and is consequently more affected accordingly. As the nerve centres are most easily affected it is not difficult to imagine the perma-

nent evil result. Every habitual drunkard arrives at a stage of chronic affection of the brain where we have a morally depraved and physically unsound man. The habitual drunkard is more or less insane. He cited authorities to support his theory. The position was taken that the dipsomaniac was an irresponsible being with no sunshine, no gladness, but one thought in his brain, the desire for alcohol; that supplants all things else. He claimed that the dipsomaniac should be as much exempt from responsibility as any other maniac. Chief Justice Coke claimed that a drunkard was doubly guilty, and a recent decision of a learned judge upholds this theory. Decisions of this character are unjust. They belong to the dark ages. There are many incompetent judges and still more incompetent jurymen, and again, the physician is incompetent to testify in insanity cases unless he has had a special training. The question is not one for a judge to decide without competent and unbiased evidence. He thought the time was approaching, as shown by the signs of the time, when the dipsomaniac should have justice. A man may not be responsible for acts while drunk. He may have been in an enfeebled condition when he took a drink and very little alcohol made him drunk. There must no longer be a contest between law and medicine. Dipsomania must be properly diagnosed and explained.

"The Need of a New Criminal Jurisprudence Affecting Inebriety" was the title of a paper prepared by Norman Kerr, London, Eng., and read by Dr. Everts.

The paper cited that during the past twelve months there had been two death sentences, one passed on a French soldier for striking a superior officer, the other a man in England for killing a woman, when the parties were drunk at the time they committed the deeds, and it is a scandal to our justice. As to who is to say when a man is drunk it is a difficult problem, not only to the ordinary justice or policeman, but to the practitioner himself. It is difficult, because alcoholic symptoms or those not of alcohol are present at once, and police proceedings should be had with sufficient safeguards. Persons repeatedly before the police court for inebriety deserve attention. The man is confined in quarters, often better than he is accustomed to, and deprived of drink. Then, after a short space of time, when he has recuperated sufficiently to commence drinking again, he is turned loose. The police court and work-house make up a school of inebriety. The wife and family of the inebriate are often terribly punished. The writer was strongly opposed to punishing a criminal for a crime when unconscious of his actions from alcoholic stimulants, though where a man got drunk to commit a crime, if such things were ever done, his drunkenness should be no excuse. Our criminal procedure in regard to crimes committed by persons under the influence of alcoholic drink should be radically reconstructed. He thought that the habits of a man's ancestors for at least two generations back should be considered in determining his guilt. From only one point of view—that of economy, because it is cheaper to hang a man than keep him—should our laws regarding neuchonology be constructed.

The subject of the third paper was, "Some new Medico-Legal Questions Relating to Inebriety," read by Dr. T. D. Caruthers.

He agreed with the position taken in the other papers. The present view of the law is not supported by science, and the time has come when we should free ourselves from the dogmas of the court-room. The medical expert has nothing to do with the law; he should study to determine and present the facts alone. As to how far the testimony of inebriates can be trusted as to what they see while in that condition, he cited six instances where drunken men, or men partially intoxicated, have testified in court. He thought this testimony should be received guardedly. Professional and scientific men soon recognize in themselves the evil effects of alcohol. The man thus impaired is in the first stages of paralysis. His senses are dulled; and in his testimony there are many circumstances to be considered. Cases were cited where men under the influence of liquor had confessed to having committed crimes with which they had nothing to do, and the conclusion reached was that the statements or impressions of the drunken man regarding himself is not competent unless sustained by collateral circumstances. The final consequences of alcoholism are caused by a disease that commenced with the first glass of alcohol. The brain of the inebriate and of the moderate drinker are both alike weakened. He did not think a man could plan a crime and then get drunk to commit it. The mental condition and circumstances and many other questions are to be considered in determination of a man's responsibility or irresponsibility.

A discussion followed in which Dr. D. R. Brower, of Chicago; Dr. Everts, of Cincinnati; Dr. Knapp, of Lincoln, Neb.; Dr. David Inglis, of Detroit; Dr. Cook, of Ohio, and Dr. Caruthers took part, and the sentiment of the meeting was nearly unanimously in accord with that expressed in the papers.

Dr. Brower then read a paper on "The Medico-Legal Relations of Cerebral Paralysis," and the meeting adjourned.

(TO BE CONTINUED.)

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Ninety-second Annual Session, held at the Hall of the Faculty, Baltimore, Md., April 22, 23, 24 and 25, 1890. DR. ANSON FRIEDENWALD, President, in the chair; DRS. G. L. TANEYHILL, ROBERT T. WILSON and WM. B. CANFIELD, Secretaries.

FIRST DAY, TUESDAY, APRIL 22.

The Ninety-second annual session of the Medical and Chirurgical Faculty of Maryland was called to order at 12:30 P.M. After reading the minutes of the last meeting by the Secretary, Dr. A. Friedenwald delivered

THE PRESIDENT'S ADDRESS

on the subject of

THE MODERN HOSPITAL.

This subject had been suggested by contemplating the significance of the two new hospitals which had been completed in this city in the past year. The Johns Hopkins Hospital was opened on May 7, 1889, and the new City Hospital on December 23, 1889, the former the consummation of a most munificent foundation, the latter called into being by a religious order. The modern hospital should offer bountifully all that is made possible by an advanced science and by a refined humanity. The origin of the hospital is remote and far from simple. It did not emanate from any single civilization. Many nations and ages contributed to its present development.

The origin of the hospital has been traced as far back as the the temples of Æsculapius at Titanus, 1134 B.C. The oldest Buddhist accounts of hospitals reach to the middle of the third century B.C. The Spaniards found on their arrival in Mexico that the Aztec civilization had amply provided for the sick and disabled in hospitals. These data show that hospitals had long been considered a public necessity. Besides the hospital called Hôtel Dieu in France, the rage of leprosy which continued up to the 15th century was a potent factor in promoting the growth of hospitals. In England the first hospital was established by Langfranc, Archbishop of Canterbury, in 1070, and in Germany, Berlin was the first city to open hospitals about the same date. The famous hospital at Milan, with a capacity for over 2,000 patients, was opened in 1436 and is still used.

Military hospitals were first built in the 16th century when Ambrose Paré established a hospital during the siege of Metz. The English did not have miltary hospitals until later, because it costs more to cure a soldier than to levy a new recruit.

In North America, Quebec is said to have had the first hospital in 1639. In 1658 a hospital was organized on Manhattan Island. To Benjamin Franklin and Dr. Thomas Bond is credited the organization of the present Pennsylvania Hospital.

In reviewing the history of hospitals, it is seen that they are of no recent origin; but, while formerly they were intended for the aid of the poor, the needy, the destitute, and those without means, now, as is well-known, there are many conditions in which a patient can be better provided for in a hospital than in his own home. Before closing the story of the hospital and its advantages combined with the skill of the physician, it should not be forgotten to mention the efficient, intelligent and faithful nurse, to whose untiring devotion good results are so often due.

SECOND DAY, WEDNESDAY, APRIL 23.

THE ANNUAL ORATION

Was delivered by Prof. Joseph Taber, Ph.D., M.D., of the University of Georgetown. His subject was

ABORTION AND ITS EFFECTS.

All agree upon the importance and wickedness and frequency of abortion. It is steadily on the increase. Questions of drainage, sewage, quarantine, vaccination and antiseptics are all important, but it is undoubtedly true that more lives are annually sacrificed by the unnecessary and intentional destruction of the human fœtus than are saved by all these agencies combined. Abortions occurs once to every five labors, and 90% of all married women have at least one miscarriage during their child-bearing life. Violent and premature expulsion of the products of conception occurs so frequently that state legislation has been attracted to it, and in Massachusetts it is said that the native American stock is dying out, the increase in the population being principally among the foreign population. One hundred years ago it was rare to see families of less than six children, and frequently there were ten; now it is rare to find as many as three, and often only one, or none at all. Cultured Boston, the proud city of the Puritans, has become a Roman Catholic, Irish city, rejoicing in a mayor with the classic name of O'Brien.

Notwithstanding the endeavors by the American Medical Association and other bodies in the distribution of "Advice to Mothers," the practice of abortion is not only not decreasing but increasing each year. The difficulty of conviction for producing abortion is shown in the statement of the Attorney-General of Massachusetts that, of thirty-two arrests and trials of abortionists in that State in a period of eight years, not one single conviction resulted, and this fact is equally true in Germany, a country otherwise very strict in the execution of its laws. The small risks that abortionists run in being convicted and their large gains all increase the frequency of abortion. Physicians are partly to blame for this state of affairs. They should endeavor to get proper legislation to punish abortionists, and even the women themselves who permit it—women, indeed, who would shrink from any other crime. The luxuries of life, the expense of maintaining a large family should not be considered as excuses.

The fœtus is as much alive before quickening as afterward, and the crime is equal at any time after conception. As to the effects on the women, it is well known that miscarriage is more dangerous to the woman than labor at full term. It is not too much to say that two-thirds of the work of the gynæcologist finds its chief cause in this evil. Much good can be done by the honest physician in preventing these dangers, too frequent.

SECTION ON SURGERY.

CHAS. G. W. MCGILL, M.D., chairman.

DR. C. F. BEVAN read a paper entitled

HYDATID CYST OF THE LIVER (SUPPURATION); OPERATION; RECOVERY OF THE PATIENT.

He presented the man cured. It was an unusual case

in this country, although in looking up the subject he had found more cases than he had expected. The diagnosis was not difficult after the abscess was opened.

Dr. J. W. Chambers then related a series of cases of

Head Injury.

Dr. S. L. Earle read a paper on

Operation for Hæmorrhoids.

In the

Discussion

which followed, in referring to Dr. Bevan's paper, Dr. Wm. H. Welch said he had seen about a half dozen cases in this country. The books give the impression that the disease is of every day occurrence. It does occur. He has found it in a number of pigs, and in three instances he traced the disease and found that two of the pigs got it in this region. It comes from dogs. He had examined the intestines of a large number of dogs, but had not found the tænia echinococcus. This is not wonderful, for it is very minute. Most of those found are where the dog has been fed for it. The two points in diagnosis are, that it is possible to make a diagnosis by the microscopical examination of the fluid withdrawn, containing the membranes and characteristic hooklets. Also it is possible to arrive at a very probable diagnosis by a chemical examination of the fluid, which usually contains no albumen.

Section on Practice of Medicine.

George J. Preston, M.D., chairman, took up the subject of

The Nature and Treatment of Hysterical Paralysis.

Hysterical paralysis is one of the most prominent and characteristic members of that group of symptoms to which has been applied the general term hysteria. The profession has been slow to accord this disease its proper place. The patient's relations express indignation at the term. From a philological point of view, the term is incorrect. Hysteria is the purest type of the functional diseases, although in the eyes of the laity it is organic. We do not underrate hysteria because we do not understand the intimate relation and working of the brain, and have to fall back on theory in our attempts to explain results. However, experimental physiology and pathological records in the light of this work have given us so many indisputable facts and suggestion, that we may say we have a good working theory. Hysterical paralysis is of cortical origin, but the cortical-motor cells are not affected. The trouble is obscure.

The cause of hysteria may be bad training in childhood, over-indulgence, undue excitement, sudden fright, and like conditions; also any lowering of the general nutrition. The pathogenesis of hysterical paralysis, according to the theory proposed, might be expressed thus: certain abnormal stimuli, or usual stimuli acting to an extraordinary degree, produce in the higher centers a condition of exhaustion such that these higher centers are no longer able to stimulate the lower or motor centers to a degree sufficient to produce a discharge.

Paraplegia is the most common form of hysterical paralysis, but hemiplegia is not uncommon, particularly following marked hystero-epilepsy. It may be of all grades. The differential diagnosis is not easy, and this has led to sad mistakes in prognosis. The treatment requires tact and patience.

[to be continued.]

SOCIETY NEWS.

AUSTIN DISTRICT MEDICAL SOCIETY.

The Eleventh Quarterly meeting of the Austin District Medical Society, will be held at Austin, Texas, Thursday, June 19. 1890, President, F. R. Martin, M.D., Kyle.

Programme.

"Dysentery," by A. Garwood, M.D.; discussion opened by J. W. McLaughlin, M.D., and J. A. Davis, M.D.

"Perineal Preservation during Parturition," by Sam Cunningham, M.D.; discussion opened by W. T. Richmond, M.D., and L. D. Hill, M.D.

Report of the Committee on the Medical Department of the State University.

"Fracture of the Head of the Humerus, with Resection," by A. N. Denton, M.D.; discussion opened by G. W. Christian, M.D., and A. V. Doak, M.D.

"Medical Ethics," by W. A. Morris, M.D.; discussion opened by T. J. Tyner, M.D., and F. E. Daniel, M.D.

"Some of the Delusions of the Insane, with Cases," by John Preston, M.D.; discussion by A. N. Denton, M.D., and F. A. Maxwell, M.D.

Voluntary papers. Under this head three papers have already been promised: "Resection of the Plantar Cutaneous Nerve for Neuralgia Plantaris, with Recovery;" "A Case of Gun Shot Wound through the Abdomen, with Recovery," and "Artifical Food for Infants.

Ulcerative Endocarditis.—Dr. J. M. Anders, in his service at the Episcopal Hospital, Philadelphia, had a case of ulcerative endocarditis, which, in its main characters, for the first two weeks, closely resembled typhoid fever. He thought it probable that the inflammation was rheumatic in its origin, although no other lesions of this nature were observed. The patient died seven weeks after admission to the Hospital, after several attacks of heart-failure, which finally occasioned the fatal result. The mitral valve was the only one affected, one leaflet having been entirely destroyed, and the other covered by fungous masses of ulcerative endocarditis.—*Medical Bulletin* for March, 1890.

SELECTIONS.

LIGHT IN THE SICK-ROOM.

Dr. B. W. Richardson, in the course of a lecture on "Disease, and How to Combat it," remarks as follows:

Still a custom prevails, despite all our sanitary teachings, that the occupant of the sick room in the private house should be kept at all hours in a darkened room. Not one time in ten do we enter a sick-room in the daytime to find it blessed with the light of the sun. Almost invariably, before we can get a look at the face of the patient, we are obliged to request that the blinds may be drawn up, in order that the rays of a much greater healer than the most able physician can ever hope to be may be admitted. Too often the compliance with this request reveals a condition of room which, in a state of darkness, is almost invariably one of disorder everywhere; foods, medicines, furniture, bedding misplaced; dust and stray leavings in all directions.

In brief, there is nothing so bad as a dark sick-room; it is as if the attendants were anticipating the death of the patient; and, if the reason for it be asked, the answer is as inconsistent as the act. The reason usually offered is that the patient cannot bear the light; as though the light could not be cut off from the patient by a curtain or screen, and as though to darken one part of the room it were necessary to darken the whole of it. The real reason is an old superstitious practice which once prevailed so intensely that the sick, suffering from the most terrible diseases, small-pox, for instance, were shut up in darkness, their beds surrounded with red curtains, during the whole of their illness. The red curtains are now pretty nearly given up, but the darkness is still accredited with some mysterious curative virtue.

A more injurious practice really could not be maintained than that of darkness in the sick-room. It is not only that dirt and disorder are results of darkness, a great remedy is lost. Sunlight is the remedy lost, and the loss is momentous. Sunlight diffused through a room warms and clarifies the air. It has a direct influence on the minute organic poisons, a distinctive influence which is most precious, and it has a cheerful effect upon the mind. The sick should never be gloomy, and in the presence of the light the shadows of gloom fly away. Happily the hospital ward, notwithstanding its many defects, and it has many, is so favored that it is blessed with the light of the sun whenever the sun shines. In private practice the same remedy ought to be extended to the patient of the household, and the first words of the physician or surgeon on entering the dark sick-room, should be the dying words of Goethe, "More light, more light!"

Passage of Micro Organisms From Mother to Fœtus.--Speaking with reference to the virulence of fœtal blood in cases where the pregnant mother suffers from anthrax, Sternberg (Backria. 1885) quotes Branell, Davaine and Bollinger as authorities for the statement, that there are no bacilli to be found in the blood of the fœtus in such cases, and that it is non-virulent. He also says that Strauss and Chamberland have shown that occasionally an exception occurs, and the bacilli are found in the fœtal blood. Further, in speaking of symptomatic anthrax (Rauschbrand), the same author affirms that it is to be distinguished from true anthrax (Milzbrand) by the fact that the fœtal blood is virulent in it (Rauschbrand), and contains bacilli. Recently Simon(*Zeitschrift fur Geburts. u. Gynak.*), by microscopic observations, has found that the placenta does form a "filtering apparatus" for the exclusion of micro-organisms from the fœtus. His observations were made on cases of anthrax, and the bacilli were found not only in the amniotic fluid and on the surface of the fœtus, but even to a depth of several cell layers in the skin over the abdomen. Curiously enough no germs were found in the internal organs. The micro-organisms, however, were not in every case found invading the fœtal structures to the same extent, and only in cases noted as of "remarkably" long duration was the body of the fœtus itself invaded. The field of invasion varied, according to the length of duration of the case, from the "maternal placenta" alone to the fœtal placenta, liquor amnii, and skin of the fœtus itself. These observations were made upon rabbits. The question, then, as to the virulence of the fœtal blood is still undecided, in spite of these investigations, since the mere finding of the bacilli, even in the fœtus itself, is no proof of their power of infecting. The fact noted by Simon, that there were none of the gross lesions of anthrax present, seems to point in the opposite direction.—*Can.. Pract.*

A New Use for the Phonograph in Medicine.—When Edison's phonograph was first presented to the public in its improved form, it was thought that it might be turned to practical use in the teaching of diagnosis, but this has been found impracticable, since it is not possible, without great trouble and the use of accessory apparatus, to record the faint cardiac and respiratory sounds. Dr Lichtwitz, of Bordeaux, has suggested another use for the instrument, which would seem to be entirely practical and of real value. He proposes to employ it in otological examinations as a measure of the hearing power. It possesses the advantage over the crude method of listening to the ticking of a watch, in that the element of unconscious deception can be entirely eliminated. The intensity of sound can be graduated to a nicety on different parts of the cylinder, and thus a definite scale may be made which will equal, in its exactness and universality of application, the visual tests employed, the world over, by oculists. It will be possible also to measure the degree of hearing in one ear without the confusion resulting from the sound being heard in the well ear, as may happen when the watch is employed.—*Med. Age.*

M. Pasteur and the Rabbit Pest in Australia.—In respect to a statement alleging that the Australian Government had rufused to allow M. Pasteur the reward of £20,000 offered to the person who should suggest the best plan for the destruction of the rabbits that infest that colony, M. Pasteur is reported to have said that this was not so, for the simple reason that he had never sought it, and that, owing to circumstances over which he had no control, he could not claim such a reward. He had sent M. Loir, his nephew, and another of his assistants tc Australia in order to try the experiments which he had made in his laboratory on a more extended scale. The assistants returned to France after a few months, discouraged. According to M. Pasteur, they were not allowed by the Commission appointed by the Australian Government to make any important experiments. This Commission permitted the assistants to inoculate a few rabbits, and the experiments were successful enough to warrant a further extension of the authorization; but all sorts of delays and adjournments were caused, until the assistants abandoned all hope of being able to carry out the purpose for which they had undertaken the voyage to Australia.—*Br. Med. Jour.*

Preparation of Ergotin For Hypodermic Injection.—According to Mr. A. O. Gerrard, the officinal ergotin (B. P.) is merely a purified extract of ergot, although it well represents the activities of the crude drug. The chief objection to its hypodermic use is the irritation it causes, which, however deeply it may be injected into the muscle, is at times very great. Gerrard finds that ergotin is very acid in reaction and full of inert matter, and that if those are eliminated great improvement results. For this purpose one part of ergotin may be treated with four parts of absolute alcohol, stirring well during the addition. Then pour off the alcoholic solution and evaporate over a warm bath to a soft residue. This treatment removes inorganic salts and a mucus-like substance. The acid still remains, and should be carefully neutralized with a solution of ammonium. Ergotin thus treated is highly active, and rarely causes severe irritation after injection. To prepare a solution that keeps well for hypodermic use, rub up one part of ergotin with one of glycerin and two of water.—*Illustrated Medical News*, January 25, 1890.

An Operation for Arresting Myxœdema.—Mr. Victor Horsley some time ago called attention to the hœmacytopoietic function of the thyroid gland. His opinion was primarily based upon operations conducted by Scheff, who found by operating on dogs that "thyroidectomy loses its danger and an essential amount of itseffect if one previously introduces and fixes in the abdominal cavity the gland of other species." In the case of the dog, the animal is doubtless saved from death from anæmia. by the gland substitution in the abdomen. This leads Mr. Horsley to the opinon that transplantation of thyroid tissue might act beneficially with man in arresting the progress of myxœdema, cachexia strumipriva, and other allied diseases. The thyroid of the anthropoid ape would proabably be the best to transplant, but failing this it is pointed out that the thyroid of the sheep much resembles that of man. The test of the value of such a procedure would be best indicated by the effect produced on the anæmia.—*Phys. and Surg.*

A New Test of Living Birth in Cases of Alleged Infanticide.—Zaleski (Archiv. f. Kinderheilkunde, b. xi, heft 1] suggests a test of survival after birth in the determination of the relative amount of iron contained in the blood found in the lungs. The lungs of a fœtus have only as much blood as is necessary for their nutrition; when respiration is established and the lesser circulation is initiated, the amount of blood sent to the lungs is many times larger than that previously present. Iron is a constituent of the blood whose percentage is almost unalterable, and the amount of this metal is readily determined by chemical analysis. Applying these principles, Zaleski made observations on seven cases, of which four were unmistakably still-births, and three were unquestioned living births. In the former, the amount of iron recovered from the total solids of the entire lung-tissues was .0110 % when the solids were in a fresh undried state, and .0828 after drying. In the cases of the living children who died soon after birth, the percentage was .0188 and .1182 respectively. In these same cases, the hydrostatic test proved to be contradictory and uncertain; one case, still born, gave a response indicating that the lungs had received air, and another, undoubtedly born alive, gave exactly the opposite response.—*Boston Med. and Surg. Jour.*

The Influence of Boiling Water.—We are accustomed to be told that the most impure water will be rendered pure by boiling, and that in this we have an absolute safeguard against the danger of water containing disease germs. Now while it is true that boiling will kill the germs of disease, yet the fact has been brought to our notice, by so high an authority as Dr. Chas. M. Cresson, that while boiling kills the germs of a particular disease, it yet, in reality, renders the water more impure than it was before, because, by the very death of these germs, dead organic matter is allowed to remain in the water which it polluted by putrefaction. Hence, while boiling is a most excellent precaution against the occurrence of typhoid fever or similar diseases when we have occasion to think that the germs of these diseases exist in the water that we drink, yet we must remember that this boiling does not purify the water; it simply removes from it the specific power to produce a specific disease.—*Annals of Hygiene.*

Evergreen, Ala.—Evergreen, Conecuh County, Alabama, is a bright little village of two thousand inhabitants, situated on the main line of the Louisville & Nashville Railroad, seventy-five miles from the Gulf of Mexico. It derives its name from the evergreen forests by which it is surrounded, composed of magnolias, water oaks and yellow pines. The country immediately surrounding Evergreen is neither mountainous nor flat, being gently undulating, giving ample drainage and protecting even the country roads against the formation of mud.

Carefully prepared statistics, embracing a period of years, are the grounds for claiming that Evergreen is one of the healthiest localities it is possible to find. Dr. Robert E. Lee, a gentleman well and favorably known in Evergreen, writes that the average annual death-rate is 9·47 per thousand, taking all classes, young and old; that not a death from any cause has occurred within the last ten months, and that epidemics are unknown. "The atmosphere here, he says, "is pure and salubrious during all seasons of the year, and after a mild and pleasant temperature during the winter Evergreen is unsurpassed by any locality in this country."

Curious Infirmity of Hearing.—Editor Cowles, late of the Cleveland *Leader*, was the victim of a singular infirmity of hearing. It partook somewhat of the nature of color blindness, as that effects the eye, he being unable to hear certain sounds at all. For example, he never heard the song of a bird in his life. A whole room full of canaries might be in full song, and yet he could not hear a note, but the rustle of each tiny wing would be plainly audible, such sounds being distinctly materialized on the tympanum of his ear. He could hear all the vowels, but there were many consonants which he never heard. He could hear a man whisper but could not hear him whistle. The upper notes of a piano or other musical instrument were as nothing to him, but the lower notes could be heard without difficulty.

The writer learned these curious facts while working for the Leader Company in 1885, but has not seen them mentioned in recent accounts of his death.—*Republic.*

Surgical Treatment of Peritonitis.—The author's conclusions are:

1. In primary tuberculosis of peritoneum, without implication of other organs, laparotomy may act as a curative agent, and is to be recommended.

2. If tuberculosis be present in the female sexual organs too, operative treatment has not given any satisfactory results.

3. If the tuberculosis is due to a tuberculous enteritis, the operative treatment is only palliative.

4. In genital tuberculosis unaccompanied by peritoneal tuberculosis, early radical operation is to be urged.—Dr. Mynter Buff in *Med. and. Surg. Jour.*

USEFUL FORMULÆ.

Practical Asepsis.

Asepsis of the Hands.—Frequent washing of the hands, with or without antiseptics, irritates the skin, producing redness and chapping. It is therefore advisable, after washing and drying the hands, to rub them with one of the following pomades, which are recommended by Prof. Liebreich:

I.

℞ Lanoline, - - - grammes, 5.
Vanilline, - - - " 0.01.
Essence of rose, - - - gtt., 1.

II.

℞ Lanoline, - - - grammes, 100.
Parafine, - - - - " 25.
Vanilline, - - - - " 0.01.
Essence of rose, - - - gtt., 1.

Asepsis of the Sick Room.—Sevestre advises the use of the following solution, which may be sprayed or evaporated by boiling:

℞ Thymic acid, - - grammes, 5.
Carbolic acid, - - - " 10.
Alcohol, - - - - " 100.
Water, - - - - - " 885.

Asepsis of Utensils and Instruments.—It is sufficient to dip utensils and instruments in a boiling solution of carbonate of sodium (30 grm. per litre). The same solution may be used to disinfect sputa and to clean cuspidors and vessels.—*Jour. de Med.—Journal American Medical Association.*

Treatment of Confluent Variola.—The following treatment of confluent variola, quoted from the *Rev. gen de Clin. et de Ther.*, is recommended by Dr. Beaudoin, of Mouy, France.

1. Apply, three times a day, the following salve to the face, neck, limbs and body:

℞ Salicylic acid, - - - parts, 10.
Vaseline, - - - - " 225.—M.

2. After each application of the ointment, dust the entire body with the following powder:

℞ French chalk, - - - parts, 125.
Salicylic acid, - - - - " 5.

3. Give, daily, three capsules of sulphate of quinine containing four grains each.

4. Gargles of borates will be found valuable.

5. Milk diet should be enforced.—*Medical Progress.*

Pigmented Spots of Pregnancy.—M. V. Monier, M.D., in *Med. Bulletin*, advises the following ointment in the various pigmentations and chloasma of pregnant women:

℞ Ol. theobrom, } - - aa ℥ijss.
Ol. ricini, }
Luici onidi pur., - - - gr.v.
Precip. alb., - - - - gr.ij.
Ol. rosæ, - - - - - q.s.

M.—Ft: unguentuem. Sig.: To be applied night and morning.

ORIGINAL ARTICLES.

ABSTRACT OF THE ADDRESS ON SURGERY.

BY SAMUEL LOGAN, M.D., NEW ORLEANS, LA.

Read before the American Medical Association at Nashville, Tenn., May 22, 1890.

More progress has been made in the art and science of medicine during the last fifty years than in all the centuries since they broke from the leading strings of the priesthood and the confines of the barber shop. Surgeons and physcians are mutually dependent. They are more than dependent. They should be one and the same, and this is for the better accomplishment of the ends in view. The art is based on the correlative sciences of anatomy, physiology and medicine, and at every step it must test its positions by the standards they demand. The physician and surgeon are fully abreast of, if not in the lead of modern scientific thought. No imaginative student, with his fine-spun theories, can gain a crowd of followers from their ranks, and so discreditable has the spinning of theories become, that scientists are ashamed to call them theories, and veil them with the name of working hypotheses. The science of medicine demands facts, and then the law or theory spontaneously crystallizes around these facts. No class is more thoroughly imbued with this distinguishing spirit of the age than the one addressed. This is attested by its schools, its societies and its periodical literature, which surpasses that of any other science. The progress being made would be impossible without the aid of these journals.

A subject which has received wide discussion among them since the last meeting of the association is general anæsthesia. It is a subject of commanding importance. After prolonged and painstaking trials of many volatile agents producing this effect, the profession has settled upon two as most efficient, the first being ether and the second chloroform. It is as yet undecided which shall take the lead. A vast amount of labor, involving the most careful work, has been expended in experimental researche to determine this. The speaker described a carefully conducted series of experiments in India by a commission from the British society cooperating with local organizations. The results were so startling that the London *Lancet* sent out a second commission, which was in sympathy with opposite views, and after it had worked at the problem two months, and had sacrificed 70 monkeys and 362 dogs, the former conclusions were unanimously sustained. The deductions of the committee were in part as follows: The treatment must be made while the patient is in a recumbent position, if possible, and this should be returned to immediately if any disturbance of the respiration is manifested. No pressure should be allowed, either by tight clothing or the touch of a hand which will in any way impede free respiration. A thorough dilution of the vapor with air must be insisted upon, and a napkin, folded in the shape of a cone, with the liquid poured on its inner side, is recommended as the best mode of application, even the roll of cotton inside the napkin being condemned. The administration should be exceedingly gradual from the beginning, and in this respect it should radically differ from the use of ether, which should be rapid and in an undiluted condition. The test of touching the eyeballs before beginning the operation is approved, as in this way any alarm which might excite the patient to struggle is prevented. The prime care is to see that the respiration of the patient is not interfered with. As soon as any such symptoms appear the administration should be suspended. If the breathing becomes embarrassed, the lower jaw should be pulled forward, so that the lower teeth project beyond those above. This opens the glottis, and if this is not sufficient, artificial respiration must be at once begun. Previous use of alcohol is advisable if it does not excite. The customary dose of morphine in advance is discountenanced, and there is nothing to show that atropine does any good. Chloroform may be given in any case without harm or fear of evil.

These words, said Dr. Logan, are positive and momentous, and if they could be taken without question, would be a great boon to the general practitioner. Hardly had this report reached the world, however, before Drs. Wood and Hare, of the United States, made a report of exhaustive experiments with exactly the opposite results. While they admitted that ether might produce death by interfering with respiration, they charged that chloroform first interfered with the heart with fatal results. The questions thus mooted are of great importance, and Dr. Logan urged a careful collation of all discoveries of practice in the journals. The cause of subsequent deaths opens another chapter in general anæsthesia which calls for careful scientific research. The simple fact that chloroform is the most dangerous anæsthetic does not recommend its abandonment, any more than electricity should be abandoned on account of its marvellous power.

An interesting series of statements, relative to recent deductioes from the practice of local anæsthesia, followed. It has been settled that in operating on the extremities of most parts of the trunk, a grain of cocaine of 5 per cent solution can be used without local poisoning, while about the face not more than two centi grams should be used. Prof. Lister has introduced a new agent, the double cyanide of zinc and mercury, which is neither volatile nor soluble in water, but does dissolve in a certain proportion of the serum of the blood, and which can be so combined as to make it germicidal. If its claims to being a thoroughly efficient antiseptic are established, an inestimable debt will be owed to its originator.

Another most valuable service to the profession has been rendered by Asst. Sergt. Joseph Kinyoun, U.S.M. H., in his recent investigations in regard to the presence of micro organisms in finger-nail dirt. In hospital service and private practice this is a startling discovery. Many a poor woman's death-warrant has been carried to her under the finger nail of a nurse. A terrible confirmation of the idea was found by examining the walls, articles of furniture, utensils, and even bandages which the nurse had touched and those which she had not been accustomed to handle; for the former were infested with pus micro organisms, while the latter were free from them. Sergt. Kinyoun's investigations were made at an hour when the nurses were dressing the patients' wounds, and only two in the hospital were free from the pest. The hands of some were thoroughly cleansed by a long process and the two were then compared, and from the gradations of treatment the surgical world were empowered to control this threatening danger.

A dry method of wound treatment recently perfected in Berlin was commended. No fluid is allowed to touch the wound, the danger from wet and cold is obviated, there is no absorption of poisons, the operation is more rapid, and the healing is quicker. Several experiments, including thirty-three by Jules Bechel, where drainage is discarded were described and spoken of favorably.

A rather conservative reaction has lately taken place from the hopeful tone once given the study of cerebral surgery. Progress in a new field is likely to be carried beyond its legitimate bounds. Dr. Bergmann's work on the surgery of the brain calls attention to several precautions. He is opposed to opening the skull unless a definite diagnosis has been attained. He is less hopeful regarding the tumors of the brain. In 100 cases only nine might have been relieved, but of these seven were inadvisable for want of a definite diagnosis. When trouble cannot be located a search by surgery cannot be advocated. Dr. Shaw, from the side of the alienists, has, however, done some effective work in another direction. He reasoned that, as nervous trouble had been relieved by nerve stretching, a brain trouble could be relieved by brain stretching, and he effected the operation by trepanning and incision of the duramater, allowing the fluid to pass off. In ten days the wound had healed, there were no more symptoms, and a competent committee of physicians declared the man was no longer insane. A case of syphilitic paresis was partially cured by a similar operation, but the hallucination returned after five days and the patient relapsed. This was attributed to the fact that the opening was not large enough and they had not drained the cavity. Such daring innovations were of course promptly met with opposition by other alienists, but the operation must not be condemned by theory but by practice.

Some clever work in transplanting after trepanning was also reported. The skull bones of a gosling were used, and the surgeon left the wound open to observe what might take place. The transplanted bone plate made an organic connection, giving a life of its own. For this reason the bones of young animals should be used.

In the field of surgical work on the diseases of the spinal column many have been prospecting with some success, but sufficient clinical data have not yet been formulated to establish the ideas projected. Therapeutic laparotomy, the astonishing disappearance of tumors after a mere exploratory incision of the peritoneum, prophylactic laparotomy and surgical advances in other directions were discussed. In concluding, Dr. Logan spoke eloquently in support of union. "Let the specialist never forget that when this cardinal idea is abandoned he becomes a failure as a scientist. All the departments of healing are indissolubly bound together. Cherish this feeling of unity in diversity, and whatever advances are made in one direction will help to bring us forward all along the line."

ABSTRACT OF THE ADDRESS ON MEDICINE.

BY DR. N. S. DAVIS, CHICAGO.

Read before the American Medical Association

Dr. Davis referred to the recent changes and progress in medicine, and proceeded to ask the attention of the audience to a limited number of topics that are at present exerting an important influence on the progress of medical science. He spoke of the microscopic search for bacteria, which has recently become so popular. He said a large proportion of the bed-side practice had become little more than a clerical process, recording the temperature as indicated by the clinical thermometer, and adjusting the stimulants and food in accordance therewith, little attention being given to the condition of important secretory and execretory organs. He claimed that a general fever, instead of being simply high temperature, is a complex, morbid condition, involving all the functions of the body, the elevation of temperature being only incidental. The real value of any remedy in the treatment of acute general diseases cannot be determined by its specific effect in temporarily controlling one or two common symptoms, but the mode of its action on the general system. Physiological investigation has proved that all nerve sensibilities and molecular changes are dependent on the presence of arterial blood containing oxygen. All acute general diseases accompanied by abnormal temperature include disturbance of these processes. Abundant observations and experiments on animals show that many of the favorite antipyretics produce their effects by more or less direct interference with the function of the blood. They impair the assimilative processes as shown by the diminished conversion of food into sugar in the liver and muscles and the diminution of nitrogenous elimination. He entered into an extended discussion of typhoid faver. He thought it safe to relieve the excess of heat by the natural processes of radiation, ex-

halation and general evactuations. This can be done by frequent sponge bathing, aided by wrapping the patient in a cold, wet sheet, which can be done with a positively refreshing influence. He referred to the effect of alcohol as used for a remedy in the treatment of disease. He treated of the effect on the functions of the more important organs and the constituents of the blood and tissues.

When taken into the stomach in a diluted form alcohol undergoes no digestion, but is carried directly into the blood and some part of it is speedily eliminated unchanged through the lungs, kidneys and skin. Experiments show conclusively that about 10 % of the alcohol taken loses its identity immediately on mingling with the blood. A careful review shows no evidence of a marked increase in heat production of car bon dioxide by the presence of alcohol in the blood. On the other hand, the average heat dissipation has been proved to diminish. While present and circulating with the blood it diminishes nerve sensibilities of course, lessens the average temperature, retards molecular changes in the tissues and lessens the aggregate of effete elimination.

The well-known fact that alcohol possesses a strong affinity for water contained in the living tissues was discussed at length, the experiments of Drs. Richardson, Harley, Payne, Kales, Wood, Martin, Loomis, Davis, Edgerly, Townsend and many others being carefully reported. Alcohol causes less oxygen to be carried from the pulmonary to the systemic capilaires. It caused a diminished product of carbon dioxide, urea, phosphates, heat, etc. It is a true anæsthetic upon the nerve center. Instead of generating any kind or form or force of energy it actually diminishes every known form of force belonging to the living body and promotes molecular and tissue degeneration. If administered in acute general diseases it quiets the patient's restlessness and lessens his consciousness of suffering, but favors the retention in the system of both the specific causes of disease and the natural excretory materials that should have been eliminated. It adds to the number of fatal results. The very generally accepted doctrine that alcohol is a cardiac tonic does not rest on the true basis of clinical experience. The nearest approach to such a basis is furnished in the reports of hospital and private practice for a given period where the diseases in question were treated without alcohol and anti-pyretics,and where both were freely used. In 1864 the Commissioners of Public Charity in New York City, on account of the great mortality of fever patients in the hospital, removed them to Blackwell's Island, where they were placed in tents. There treatment was exclusively hygienic, consisting of ample ventilation, good air, cleanliness and simple nourishment. The result was a death rate of only 6 per cent.

In the Mercy Hospital, of Chicago, over which Dr. Davis has had supervision for twenty years, and where a similar treatment was observed, the average death rate was only 5 %. On the other hand, nearly all the reports from hospitals in which alcoholic liquors are used in the treatment of typhoid and typhus fever the rate is from 16 to 25 %. The rate in Bellevue Hospital, of New York, before the Blackwell's Island experiment, was one death in four and one-half. Numerous statistics were given bearing on this point. Dr. Davis said the continual use of alcoholics and antipyretics was not in sympathy with the progress of the age. The fundamental error consists in using special remedies for the control of particular symptoms, or the removal of specific causes without an adeqate knowledge of their influence on the blood and the various processes of the human body. The highest degree of success in the treatment of acute general diseases will be attained by removing from the patient the action of the specific and predisposing causes of his disease and surrounding him with purer air and perfect sanitary conditions, avoiding the use of such remedies as either directly or indirectly retard normal processes. The restoration of these processes must be aided by promoting natural elimination. Morbid conditions of the glands, spleen and stomach must be palliated so as to prevent such structural changes as might otherwise end in fatal exhaustion. The steps of healing must be carefully graded, remembering that the same remedial agent that might be of great value in one stage might be even destructive in another. Dr. Davis said that the foregoing conclusions were the result of a life work, and his faith in the efficacy of the remedial agencies had in no wise been diminished. He would feel repaid if they should lead any number of the profession to a closer understanding of the real modus operandi of the remedial agents used in the treatment of acute general diseases.

MEDICAL, SOCIAL AND POLITICAL POT POURRI,

As Served to the Undersigned During the Recent Meeting of the American Medical Association, Nashville, 1890.

The paper read by Dr. Watson[1] was the product of an exceedingly wide experience as a surgeon, and was from data covering a number of experiments conducted upon the lower animals. Violent concussive force was effected in various ways, and finally injuries were inflicted by direct violence to the spinal column of the animal upon which the experiments were being made. The invulnerability of the cord amazed the experimenter. The extent of violence necessary to effect a lesion in the cord was likewise amazing to him.

The inferences, briefly, were that the actual physiological functions of the spinal cord are not affected by concussive force; that it is only so impaired when it has suffered a lesion, and that the cord cannot be made to suffer a lesion except after severe and evident violence

[1] "Concussion of the Spine and Brain."

to the spinal column. The medico-legal application, as I interpreted the subject, was to the effect that corporations defending suits for personal injuries of this nature must not depend upon testimony embracing alleged conditions, resulting wholly from subjective symptoms; that the neurologist, whose opinion is usually sought as an expert in these cases, bases his opinion of the plaintiff's condition on the symptom-grouping idea, and nothing could be made more irrational to the mind of the average juryman, which, indeed, is only confusion worse confounded.

To rationally meet the injustice of the allegations of this class of litigants, it is proposed to make necrotomic demonstrations before the jury, and in this way furnish practical illustrations of the wonderfully wise and complete anatomical protection the cord possesses against vulnerability. Only by such demonstrations can we hope to convey convincing proof of the perfect immunity that is thus secured to the spinal cord from the effect of any degree of concussive force.

It was intimated that just so long as the defence in these cases is allowed to rest alone with the evidence of the neurologist, whose opinion is wholly based upon the symptomatology alleged or manifested in the ordinary case of railway spine, just so long is it likely that the jury will find it excusable for returning a verdict for the plaintiff, who, in many instances, is an impostor.

The report of five cases of hystero-myomectomy by Dr. Howard A. Kelly, of Johns Hopkins University, Baltimore, disclosed some advances in the technique of uterine surgery. Each step in the operation, as proposed and made by Dr. Kelly, was illustrated by drawings made with the writing stylus of an Edison mimeographic instrument. The drawings were reproduced on the mimeograph, and show very cleverly the author's operation in detail. These operations were made for large fibromata, as Dr. Kelly subsequently informed me.

The paper suggested the usual queries relating to the best treatment for myoma of the uterus; among others, should not hysterectomy be limited to non malignant tumors? If so, where should the line of limitation be drawn? The usual indications for operative interference in uterine myoma are limited to two conditions, viz., hæmorrhage and mechanical obstruction. We may concede that if either one or the other of the above indications be present in a woman who has passed the climacteric period of life, the responsibility of a hysterectomy would not be so great as if the patient were but 30 or 35 years of age, for in the former it is only the removal of a comparatively useless organ—an organ that has served its purpose in this life, whereas in the latter a very different state of affairs exists. In other words, cannot we arrest the hæmorrhage in the case of the younger woman without submitting her to the mutilation of a hysterectomy? As intimated during the discussion of this subject before the St. Louis Medical Society two weeks ago, I have been experimenting by watching the effect upon the bleeding myoma, of tying both ovarian and uterine arteries. If this procedure will arrest the hæmorrhage, then we will have accomplished all that is secured by removing the uterus or the uterine appendages; besides, we shall thereby evade the enormous responsibility of having brought about, through our own agency, complete sterility.

During the discussion following the reading of this paper, the idea concerning the treatment of the stump after a hysterectomy, viz., of bringing the amputated stump down through an opening made into the vaginal wall behind the bladder, for purposes of drainage, was emphasized. The procedure practically fixes the remaining portion of the uterus within the walls of the vagina.

The report of two cases of resection of the cæcum for carcinoma, with remarks on intestinal anastomosis by Dr. Senn, was an intensely interesting paper. In one of the cases the diagnosis was not clear; an impacted gall-bladder was strongly suspected. The laparotomy was made in the median line with the view of cholecystotomy, upon what was supposed to be a very movable gall-bladder. But upon entering the peritoneal cavity there was, instead, a malignant tumor of the cæcum. There was found also cancerous infiltration of the mesentery along the border of the gut, so that a very different state of affairs suddenly demanded attention. Instead of an ordinary cholecystotomy, a long resection of the intestine was made, together with a considerable portion of the mesentery, and the operation was carried along to completion, just as though nothing unusual had been encountered.

The case illustrated the necessity of being fully prepared to meet and successfully dispose of any complication that may present itself during the progress of an operation.

In both the cases reported, the intestines were united by means of the improved decalcified bone plates. One of the cases subsequently died of a perforating ulcer of the cæcum, and the post mortem specimen was exhibited. The sutures were all firmly united, and the bone plates had partly disappeared.

The speaker was able to state that from his experiments with the moist bone plates, such as were used in the two cases just reported, any undigested part of the plate would ultimately pass off from the rectum in five to ten days. He considered plates better than rings, as they give uniform support over a larger surface, acting at the same time the part of splints to the apposed intestines. Besides, by experimentation it was proven that the catgut ring would become soft, limp, and of no value as a means of support after having been exposed by contact with a saline solution for any period of time over two or three hours, thus demonstrating the inadaquacy of all hygroscopic materials. The same inadaptibility of all substances incapable of undergoing digestion was also made clearly apparent by the speaker.

Parenthetically, the news item may not be wholly uninteresting that this indefatigable worker has the manuscript of a new book in the hands of the printer for

publication, which, it is expected, will appear early next fall. I learned that the book is limited largely to the principles of surgery, and that the treatment advised for different surgical lesions is to be more suggestive than specific.

If I am correctly informed, much of our knowledge that has been contemplated as staple goods in stock, as it relates to surgical pathology, is to be relegated to the factitious folds of fallacy.

The embryonic origin of tumors, as first suggested by Cohnheim, is to receive especial attention, but that which will, no doubt, create the liveliest interest is the chapter relating to the preliminary or cementing, followed by the permanent or definitive process in the healing of wounds, as opposed to the prevalent idea of inflammatory repair, or productive inflammation, acute and chronic. The subject is treated under the head of Regeneration, and covers 200 pages.

The discussion following the reading of Dr. Barrow's report of two cases of shot wounds of the intestines, brought up the subject of the value of insufflation of hydrogen gas as a diagnostic test, when Dr. Senn stated that he considered it still infallible in detecting a wound of the intestine before the abdomen is opened, and in finding a perforation even after this has been done.

The social features of the occasion were exceedingly enjoyable. The first night was given wholly to a general reception by the profession and citizens of Nashville at their magnificent capitol; ont he second evening cards were received from Dr. and Mrs. W. T. Briggs, Hon. and Mrs. E. H. East, Judge and Mrs. James Whitworth, Prof. and Mrs. J. B. Hancock, who were at home to the American Medical Association, and on the same evening Mrs. Blandner and the Misses Price and Cox rendered a delightful musical concert at the Vendome, in compliment to the members of the Association.

On the evening of the 22d, Mr. and Mrs. H. B. Buckner, Mr. and Mrs. B. F. Wilson and Dr. and Mrs. N. D. Richardson were at home to the visiting profession.

To intimate that you were from St. Louis was sufficient to secure the most cordial attentions. The Nashville people and the members of the profession from other parts of the country spoke in complimentary terms of St. Louis, many inquiries were likewise made concerning members of the profession of our city who were not with us, particularly concerning the superintendent of our City Hospital, reports of whose splendid management of that institution, and whose creditable surgical work there, had made him friends everywhere. So that our beautiful and prosperous city, as well as the profession, met alike with much favor. But, it is said, that this spirit was not well preserved in our own ranks —since the aspirations of two of our delegates were defeated through the pernicicus activity of our own townsmen. One of the aspiring gentlemen, and one who deservedly stands in the front rank of his specialty in this country, and whose conscientious industry has added greatly to the honor and advancement of the profession, was defeated after the nominating committee reported his name to the section for one of its officers, by this same influence.

There was quite an impulse given toward the organization of a new medical society, which is to be made up of members of the profession who are engaged in the original investigation of undeveloped and unexact subjects relating to the various departments of the practice of medicine and surgery. All branches of the great subject pertaining to medical science are to be represented in this new organization—a thesis covering the results of the applicant's labors will be the main evidence of qualification for membership. The doors will be pretty wide open, but it will be necessary to have the acknowledgement of the American Medical Association as to good standing in the profession. Original work is the thing most desired, but one of its objects will be to harmonize and appropriately utilize the results of the workers in all the branches of medicine. Specialists will be reminded that we should never forget that we must work together in one brotherhood, and he who prefers to remain ignorant of the advances in one line must fall in the rear. Advances in one quarter should be known all along the line. The project emanated from one who is capable and resolute. The preliminary meeting may be called during next winter.

G. W. Broome, M.D.

Sixth and Olive Street.

TRANSLATION.

IMPOTENCE IN THE MALE, AND ITS TREATMENT.[1]

BY DR. LEOPOLD CASPER, OF BERLIN.

Translated by Wm. N. Beggs, A.B., M.D., St. Louis.

[CONTINUED.]

Of the chronic diseases morphinism, diabetes mellitus, phthisis, diphtheria, obesitas universalis, chlorosis, and cachexiæ of various kinds have been described as sometimes being accompanied by impotence.

With phthisis, I have no experience. According to many authors sexual power and desire is extraordinarily increased in consumptives. Others decidedly oppose this view.

Diphtheria which is often followed by paralysis and muscular atrophy of long duration occasionally causes impotence[31].

It is least of all disputed in diabetes, in which impotence occasionally occurs among the first symptoms, before the bodily strength disappears.

With almost the same unanimity it is generally con-

[1]For Parts I., II., III., IV., V., and VI., see Review of April 26, May 3, 10, 17, 24 and 31.

ceded that general obesity diminishes potency. There is no rule without exceptions, but it is generally true that fat people are more constant to Gambrinus than to Venus; their sexual desire is slight, their accomplishments *in sexualibus* generally few. In such cases we are justified in thinking that there is fatty testicle, just as there may be fatty heart.

Concerning any influence of chlorosis or blood poverty over potency there is nothing exact known.

That impotence is often the result of diseases of the brain and nervous system will not surprise him who remembers the connection between the brain and nervous system on the one hand and the genital organs on the other, as represented in the first part of this work. Certain affections of the brain and nervous system cause at first increased sexual excitement, to be followed only later by diminished sexual power and absolute impotence.

In tabes dorsalis at first sexual desire, in consequence of the irritable condition in which the nerve tracts are which innerve sexual apparatus is increased, yet potence is diminished later, and gradually totally extinguished. Yet there are also cases known in which patients suffering from advanced tabes have enjoyed a high degree of sexual potence.

In a like manner injuries and diseases of the brain can, according to the seat of the lesion,alter the potence. The relations between the cerebellum and the genital system are the most clear.

Budge[32] by irritating the cerebellum could cause motion of the testicles. He writes as follows:

"By a lucky concidence I made the gratifying obser vation that in an old cat, whose testicles lay in the abdominal cavity, these organs, immediately after death, moved whenever the cerebellum was irritated by the scalpel or with caustic potash. The effect was such that whenever the right half of the cerebellum and the right half of the vermiform process were irritated, movements of the left testis ensued, and the reverse—mere superficial irritation sufficed to produce this result. The movements of the testicles soon became so palpable in this animal that there could be no doubt as to its reality. I hastened to open the entire skull and the abdominal cavity and found the testicles lying perfectly still, and without any trace of movement. On irritating one side of the cerebellum the testicle of the opposite side swelled, quitted its position, and rose up so as to form a right angle with the spermatic cord, one side of the angle being directed forward. If I desisted from the irritation, the testicle returned to its position, and the movement was renewed on renewing the irritation. The experiment was repeated during half an hour with unvarying results. After the first irritation not three seconds elapsed before the movement followed. Subsequently the interval between the irritation and the effect was prolonged. The movement only lasted a short time and was diminished more and more. Alternately with the cerebellum I irritated the cerebrum,the corpor quadrigemina, the thalami optici, the corpora striata, but I have never seen the slightest movement result from the irritation of those parts."

Certain highly interesting cases which demonstrate the relationship which exists between the cerebellum and the genitalia, are related by John D. Fischer[33].

"The first was that of a man aged forty-five, who was seen soon after his death, which took place from pneumonia. The penis was small; the glans had evidently seldom, if ever, been uncovered. When exposed it was small, pale, and pointed; all the parts of the organ resembled those of a boy not yet arrived at the age of puberty. The scrotum was soft and flabby, and was empty. No testicles were anywhere to be found.

The head was large, measuring 22 inches in circumference. The brain was healthy and very large, weighing 51½ ounces. The relative proportion of the cerebellum to the cerebrum was much reduced, for while the latter weighed 47 ounces the former weighed but 4½ ounces. According to Meckel and others the average weight of the cerebrum and cerebellum united is 48 ounces, and the weight of the cerebellum to that of the cerebrum is as 1 to 7 or as 1 to 8. In this case the cerebellum measured in its transverse diameter 2½ inches, and in thickness 1½ inches; anteroposteriorly 2½, and perpendicularly 2½ inches. It was therefore one-third less in size and weight than is ordinarily the case in an adult male, and was the exact weight of that of a female child six years old, whose body was examined at the same time.

The history of the patient was very interesting. The deficiency of testicles was discovered by Dr. Warren. The voice was like that of a woman; he had no beard; he never exhibited any amorous propensities, or desires for female society; as his mother expressed it, he was a virgin in feeling and conduct to the day of his death."

The second case was related by Dr. Whittemore but reported by Dr. Fischer.

"An old man, æt. 73 years, had been married forty-three years, and had had eleven children. Soon after marriage he began to complain of dizziness and noises in the head, to which he was subject, more or less, till his death. In addition, he had intense vertigo and severe pain, together with partial deafness in the left ear. Then he had several attacks of hæmiplegia, and after their occurrence was affected with morbid salacity, which continued with little intermission till about three months before his death, when it began to subside so that the desire became imperious but once or twice during the night. There was, however, no ability to gratify it, owing to imperfect erection, and for a year there had been no seminal emission.

On the day after his death his brain was examined. The dura mater was adherent to the skull, the arachnoid was thickened, there was a large quantity of serous fluid in the pia mater, and the arteries were undergoing ossification. Otherwise the brain was healthy, except as regarded the cerebellum. The right lobe of this organ was normal; the left lobe was one-fifth smaller, and

was found to have lost the greater part of its substance, owing to the formation of a cavity in its tissue. The sides of the cavity were in contact, but it had probably contained serum, which had escaped when it was laid open."

The second case is especiall noteworthy, because, although there was great sensual desires, they could not be satisfied on account of lacking potence.

Finally, certain medicaments and foods have the reputation of being able to diminish or totally destroy potence. I shall not in this connection mention the influence of riding, about which nothing exact is known.

It is also difficult to decide about the influence of medicines, for they, as is well known, have different actions, both qualitatively as well as quantitatively, in different individuals. Therefore it happens that we meet in literature the most contradictory testimony.

Least denied is the influence of spirituous drinks, which are generally represented as having an unfavorable influence on potence. It is a well-known fact that coitus during intoxication is often imperfect or a total failure. This not infrequently causes a psychical impotence referable to a feeling of anxiety. Habitual drinkers often suffer from sexual weakness, and therefore indulge frequently in masturbation.

Whether the reputed influence is to be ascribed to the alcohol, or to other material present in the spirituous drinks, is not known. Beer has a decidedly retarding influence on the ejaculation (Curschmann and Gyurkovechky); the same cannot be said of wine; taken in moderate quantities it is rather reputed to be a good stimulant and excitant. The old Latins did not say without reason: *Sine Cerere et Baccho, friget Venus.* Brandy seems rather to be a stimulant, temporarily aiding potency.

Accordingly we must conclude that spirituous liquors, taken in moderation, do not unfavorably affect sexual power; it is only excess that injures, corresponding thus with the other effects of alcohol which we know. As the functions of certain portions of the brain are suspended during intoxication, so, also, it is possible for acute and chronic alcoholism to paralyze the centers of erection or the conducting paths to the genitalia.

Tobacco enjoys a similar reputation. For ages it has been known as the holy plant, because priests have often used it to dull their sexual desires. We have daily opportunities for observing the effects of acute and chronic nicotine intoxication upon the nervous system. The tremor of the hands seen in hard smokers is undoubtedly a nervous symptom. To conclude more from this, however, than that nicotine may possibly have an injurious effect sexually is not justifiable; no conclusive observations have been made.

We are better informed as regards morphine; according to Levinsteine,[34] after an initiatory increase of sexual excitability it finally has a weakening influence on potence. A heightened sexual excitation and power is almost always observed as a result of a morphine injection, especially in people not accustomed to its use.

Rosenthal[35] gives as a little known and observed symptom of a moderately large morphine injection (0.03—0.06 gramme $^1/_2$ to 1 grain pro die), noticeable cheerfulness, volubility, increase of sexual excitability, increase of tactile sensibility, etc.

In Persia opium is said to be used as an aphrodisiac. This corresponds with the observations made on opium smokers. They are at first extraordinarily potent; as soon, however, as the marasmus appearing under the influence of opium makes further advances, sexual powers also disappear.

Gyurkovechky is of the opinion that the potence-raising action of the morphium in the beginning depends upon a paralysis of the inhibitory erection-centers in the brain.

A great number of medicaments may be mentioned as having the reputation of diminishing potence, such as lead, antimony, arsenic, carbon-disulphide, conium, camphor, but nothing exact is known of their action, and I shall therefore give them no further notice.

On the other hand, I must say a few words as to the action of iodine, bromine, salicylic acid, and potassium nitrite, recognized as undoubtedly anaphrodisiacs.

Rouland[36] observed after iodine inhalations in phthisis, four cases of impotence, with more or less atrophy of the testicles occurring during or immediately after treatment. In one of these cases sexual desire was preserved and the testicles retained their full size, although erection was impossible. In the other three cases sexual indifference and atrophy of the testicle were well marked. The patients had neither desire nor potence and therefore sought medical assistance because they desired to perform their marital duties and have children.

Rouland[37] reports two cases in which there was impotence and atrophy of the testes after long use of potassium iodide.

Hammond has been able to notice diminution of sexual desire, it is true, after great and long continued use of preparations of iodine, but never atrophy of the testicles. The former disappeared with the continuation of the medicament.

Bromine is known as a promptly acting anaphrodisiac. In many patients who suffered from frequent pollutions I succeeded in interrupting the same by large doses of bromine before going to bed. I generally order 2 grammes (30 grains) of potassium bromide just before going to bed. In those who on account of nervous disturbances were compelled to take the bromide for years sexual desires and potence became diminished. Generally however the libido et potentia sexualis returned with the cessation of the medication.

Of salicylic acid Gyurkovechky says that it causes temporary, it is true, but certain diminution of potence. He states that in a beer hall in Paris a slavonic company is said to have fallen into decay, because after partaking of a relatively small amount of beer they were almost incapable of copulation. It was later discovered that the beer contained salicylic acid. Since

that he has investigated the subject and found that men during the employment of the so much used salicylate of sodium became temporarily more or less impotent.

Kolbe and Lehmann's[38] investigations in Munich have demonstrated the innocuousness of long-continued consumption of salicylic acid, have furnished no results as to the effects of salicylic acid upon the sexual organs. There are also no other works known which confirm the theory of the unfavorable action of salicylic acid.

Hammond, Grimaud de Caux, and Martin Saint Auge regard potassium nitrite as a powerful anaphrodisiac. The first saw impotence arise after six months' use of this means in a case of epilepsy. The other two authors describe an unusually noteworthy case which is worth relating:

"A musician, of athletic build and florid complexion, and of an emotional temperament, was so urged by amorous desires that the sexual act, although repeated several times in the course of a few hours, did not suffice to cool his ardor. Hateful to himself, he feared the chastisement which divine anger inflicts on those who devote themselves to a life of voluptuousness, and came to ask my help. I bled him, subjected him to a course of cooling and calming medicine, and imposed a light diet, from all of which he received no benefit. My advice then was that he should marry, and he espoused a strong robust daughter of a villager. At first he appeared to be better, but in a short time his wife suffered so greatly from his repeated embraces that he returned to his former course of life. Coming to me for further relief I advised fasting and prayer, but these proving equally unsuccessful, he desired castration. This, however, I was unwilling to perform; but he was very anxious for the operation, and sought to gain, by presents, the consent and approval of those who opposed his wishes. He promised a horse that could amble beautifully, and whose value was not to be disdained, if I would accede to his wishes.

I declare that my servants—not knowing the nature of his wish and unacquainted with his satyr-like performances—have often made me blush when they would request me to do as the poor man wished. Little did they suspect that he wanted me to cut out the organs that made him a man.

In thinking of the means that might cure this musician, I recollected that I had heard the illustrious Prevatins say that he had with nitre cured a man who suffered with nephritic pains due to the presence of a calculus. The patient was cured, but he became incapable of enjoying the pleasures of love. I resolved to make use of this remedy, so morning and night I gave him nitre dissolved in eau de nymphœa. The use of this salt for eight days reduced him to such a state of indifference that he hardly sufficed for the wants of his wife."

That saltpeter, however, produces this effect only temporarily is proven by two cases of Hammond's in which although male impotence had been brought about by the use of this medicine, the normal condition returned a year after its discontinuance.—*Deutsche Medizinal Zeitung.*

[31]Hofmann. Lehrbuch der gerichtlichen Medizin, Wien und Leipzig. 1881, p. 66.

[32]Untersuchungen ueber das Nervensystem. Heft ii. p. 82.

[33]Contributions Illustrative of the Functions of the Cerebellum. Amer. Jour. of the Medical Sciences, Febr. 1839. Taken from Hammond, op. cit.

[34]Levinstein. Morphiumsucht. Berlin 1877, p. 93.

[35]Untersuchungen und Beobachtungen ueber Morphiumwirkung. Wiener Med. Pr. 49-89.

[36]Traite de la'Impuissance. Paris, 1876, p. 244.

[37]Bulletin de l'Academie de Medecine t. xxv. 1855. 1860, p. 582 ff.

[38]Beitrag zur Frage der Gesundheitsschadlichkeit der Salicylsaure. Med. Chir. Rundschau, Heft 14, p 549, 1887.

[39]Taken from Balthaser Timens, Cas. Med. Lib iii. Salacitas nitro curata. (Tr. by Hammond, op. citat).

[TO BE CONTINUED.]

DIAGNOSIS OF THE DEATH OF THE FŒTUS.—A woman was recently delivered of a dead child in the Maternity, the death probably having occurred two or three weeks before, and yet she insisted that she felt its movements at the beginning of labor. You see, therefore, what deception there may be in regard to this sign, both as an evidence of pregnancy and of the child being alive. Quite recently there came to the Jefferson Medical College Hospital a woman in the seventh month of pregnancy, who believed her child was dead because she no longer felt its movements. Careful auscultation was tried with negative result. I could not elicit from the woman a single other subject sign of fœtal death than the one first given—no shrinking of the breasts, no chilliness, no deterioration of health. I might have tested the vaginal temperature, and noticed whether that slight normal increase due to the presence of a living child in the uterus was absent, or whether there was peptonuria, which has been claimed by one or two observers to be found if the fœtus was dead. But I determined to try measuring the abdominal circumference, and also the length of the anterior wall, from week to week, believing that if there was a progressive diminution in these measurements, and still no fœtal heart-sounds to be heard, I would be justifiable in concluding that the fœtus was dead, and in inducing labor. The measurements did show this progressive diminution for two weeks, at the end of which time, no sound of fœtal heart or of fœtal movements being heard, nor the latter felt, I felt justified in passing a bougie into the uterus, and in twenty-seven hours a macerated fœtus was expelled.—Dr. Parvin in *Med. and Surg. Rep.*

KAPOSI'S REMEDY FOR WARTS.—Kaposi recommend the treatment of warts by solution of the bichloride of mercury, one part, in flexible collodion, thirty parts. This solution should be applied with a brush once daily to the wart itself, and arround its base.—*J. A. M. A.*

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

Communications relating to the literary part of this journal should be addressed to the editor, at 1006 Olive Street.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, JUNE 14, 1890.

THE DIETETIC TREATMENT OF DIABETES MELLITUS.

It will take a long time before the practical maxims for the treatment [1] of diabetes can be deduced from theory. Clinical studies and experience will, therefore retain their value in spite of all progress in theories. Naunyn maintains a strong dividing line between the mild and the severe forms of diabetes, even if he acknowledges that sometimes, though not often, mild cases may be transformed into severe ones. The dangers and difficulties of diabetes proceed from three sources: First, the functional disturbance as such can lead to exhaustion through the increased waste of sugar. Second, the continued infiltration of the tissues of the body with grape-sugar leads to the setting up of organic diseases and brings about general disturbances of nutrition. Third, the primary condition which is responsible for the diabetes may also bring about other functional disturbances, as cerebral troubles, fat in the stools, etc. In the dietetic treatment of diabetes the three following points should be borne in mind: (*a*) In many cases of diabetes mellitus the characteristic functional disturbances have a progressive tendency. (*b*) This progressive tendency is heightened by the fact that constantly increasing demands are made upon the weakened organs, so that the organism is overwhelmed by the sugar with which it is unable to cope, while (*c*)in not a few cases, by sparing the weakened functions, not only is their further impairment prevented, but even improvement may result; that is, we may attain an increased capacity of the organism for the consumption of sugar. This improvement is sometimes a lasting one, but is usually only temporary. Upon these primary principles Naunyn bases his views and teachings concerning the general and special dietetic treatment of diabetes. Qualitative and quantitative restriction of meat, as well as of bread, is highly important. For the special treatment the cases are to be placed in three classes: mild, moderately severe, and severe cases. The dangers, limitations and results of treatment in each of these three classes are very fully described by the author. He also gives his views of and experience with results of the Carlsbad cure and the opium treatment. He furnishes instructions covering the smallest details as to diet in each of the three forms as well as curves describing the varying amounts of sugar contained in the urine of many of his cases so treated.

[1] Volkmann's Samml. Med. Chir. Rundschau.

BEEF EXTRACT AND THE MCKINLEY TARIFF BILL.

An editorial in the *International Journal of Surgery* draws attention to an injustice in the proposed tariff bill which is of great importance to the physician as regards the effect on his patients. There is a clause in the bill as published which seems to aim at absolutely prohibiting all importation of fluid beef. These fluid extracts are much used abroad and are of great value in many conditions. If Congress shuts out the foreign extract the result would be that the invalid consumers would be forced to pay an extortionate price for the domestic article. The reason assigned for this is that the imported article comes from the plains of the Rio de la Plata, where meat as such is of no value on account of its distance from a market, while in our country meat is worth too much as beef to warrant the manufacture of extracts, and this latter reason is becoming stronger every year on account of the growth of population. The only result of this proposed change in the tariff, then, will be to greatly limit the supply and thus gouge from the needy invalid money to foster our grasping "infant industries." This step is the more inexplicable to any ordinary ideas of justice, inasmuch as the *Journal* states that "The printed report of the hearing before the Committee on Ways and Means shows no demand, from any source, for an increase of duty on fluid beef. The only statement listened to by the Committee was a strong protest with unanswerable arguments against such increase."

VOMITING OF OBSURE ORIGIN IN YOUNG CHILDREN.

In a paper read by Joseph Stedman, M.D., before the Obstretrical Society of Boston; (*Boston Med. & Surg. Jour.*) he calls attention to the cases of persistent vomiting occasionally met with in young children where the etiology is obscure and where the resultant exhaustion may become a source of much anxiety to the physician. He reports several cases which are much alike in their general features. There is no gastritis,

no fever, but the pulse may be somewhat elevated. The vomiting is severe and most persistent, and is usually sudden in its inception ; the bowels may be constipated. Medical treatment seems to be of little avail and the vital forces are rapidly reduced. Dr. Stedman knows of no explanation for this save that offered by Dr.Rotch whom he called in consultation in one of his cases. The cause for the vomiting appears to be outside of the stomach, rather than from some direct lesion in the stomach. This leads to the impression that the vomiting is cerebral, and for this reason an unfavorable prognosis is sometimes given, though the face of the child is not that of cerebral disease but of distress from nausea. Dr. Rotch believes the seat of the irritation will be found to exist in the great abdominal ganglia of the sympathetic system. Certain individuals seem to have an idiosyncrasy for being affected in this way. The causes which precipitate the attacks seem to be sudden changes of temperature, fright, shock from a blow on the epigastrium and excitement, either direct or from anticipation. The disease occurs in infants as well as children; the breast-fed as well as the artificially fed, and in children whose diet has been most carefully supervised. The first indication for treatment is of course absolute rest; the room should be quiet and sunny and the patient subjected to as little disturbance as possible. No food should be given by the stomach, occasional nutritive enemas of peptonized milk or Valentine's meat juice being given instead. Small doses of chloral and bromide of potash may be given by the rectum to procure sleep and stimulate the nervous centers. The recovery is often as sudden as the onset of the disease, but relapses occasionally take place. When the child commences to take food by the mouth it is well to proceed cautiously and systematically, not only quality but quantity being considered. The nervous system must be carefully watched and all excitement forbidden until the patient is well and strong or in its normal condition once more.

Eucalyptus in Respiratory Catarrh and Obstinate Cough.

Dr. Solomon Salis-Cohen writes (*Med. News*), that preparations of eucalyptus have been in use by him for several years in the treatment of certain cases of acute and sub-acute bronchial and laryngo-tracheal catarrh, more especially in children. He has used it in cases of particularly obstinate cough in children, for which, so far as known, no physical basis was present. Many of these cases made strikingly prompt recoveries under this treatment, where other remedies, such as belladonna, etc., had been used without avail. He thinks that some of its constituents possess a nervine quality, as indicated by its value in relieving headaches and facial neuralgias not of malarial origin, its usefulness as an inhalation in pertussis, and its power of relieving semi-spasmadic cough. For inhalation he prefers eucalyptol, but for internal use he employs the fluid extract, combining it, in acute cases, with ammonium salts, and in sub-acute cases with a little paregoric. The dose is about five drops for a child of two years. The fluid extract is best given without any other drug, in syrups of tolu and acacia, or in an oily emulsion, as necessary to disguise its taste.

MEDICAL ITEMS.

A New Hospital is to be built and maintained in Sioux City, Ia.

Tuberculosis and Surgical Instruments.—A soldier who had borrowed a bugle belonging to a musician who was suffering from tuberculosis became himself a victim to this fatal disease.

Surgical Geniuses.—Professor Hebra, of Vienna, used often to express himself in this wise: "It is necessary that there should be surgical geniuses, but don't ever let a surgical genius operate on you."

An Unlicensed Physician Punished.—Joseph Hill, colored, who pleaded guilty to a charge of practicing medicine without being registered as a physician, was sentenced in Philadelphia, May 19, to six months' imprisonment.

A Useful Charity.—The Paris Municipal Council has voted the construction of an asylum for pregnant women of the poorer classes, who, by reason of their pregnancy, are rendered for the time being incapable of following their vocations.

A Death from Chlorodyne.—A death has taken place at Tunbridge Wells, England, following the use of chlorodyne. The coroner's jury returned a verdict of death by "misadventure," at the same time recommending that the sale of such powerful patent medicines be "restricted."

Invalids and Street Bands.—A very sensible ordinance is that introduced by a member of the Philadelphia city government, on the same plan as the one which has been in operation in London so long, which will give householders the right to protect sick-rooms from the sound of street music.

A Timely Step.—The Eye, Ear, Nose, and Throat Hospital of New Orleans has taken steps to stop the abuse by the well-to-do public of the medical charities of that institution. This is a timely step, for which the authorities of the Hospital are to be commended. It would be well to follow the example in other cities, including St. Louis.

A Sanitary Organization of Women.—The women

of Brooklyn have united to form a Ladies'Health Protective Association, similar to one which has for years been so useful in New York City. The lines of its work will be in the direction of such nuisances as offensive pursuits, uncared-for tenement houses, and filthy streets. The wives of physicians form a considerable proportion of the organizatoin.

THE "MOORBATH" AND ITS SUBSTITUTE.—Many have wondered at the general fondness for moorbaths, often called mud-baths, in Germany, and various are the virtues ascribed to them. Dr. Jacob, of Cudowa, now declares they have no particular merit of any kind. A bath containing clay mud, and therfere devoid of the supposed chemically irritating substances in a "moorbath," has exactly the same effect. Dr. Jacob considers that the concentrated essence of moor, kept at certain bathing establishments, is utterly useless, and the result of superstition.—*Brit. Med. Jour.*

THE SALE OF PATENT MEDICINES IN ITALY.—Italian proprietors of patent medicines and pharmaceutical "specialties" are finding out that, so far as their trade is concerned, the golden age is past and the iron age has begun. Under the new sanitary regulations which recently came into force in Italy, no preparation of any kind can be sold unless it has been approved of by the Superior Sanitary Council. Not long ago that body rejected no fewer than 200 "specialties," and, on May 13, it refused its sanction to all those submitted to it, on the ground that "all contained remedies which cannot be used except under the direction of a medical man." Many were absolutely condemned as being either dangerous or composed of substances not possessing the virtues attributed to them. The Council further decided that "specialties," being of the nature of preparations made up according to prescription, should be sold only by qualified pharmacists.

THE EPISCOPE.—We referred to Professor Stricker's exhibition of his episcope at the recent Vienna meeting of the German Medical Congress. Fuller accounts (*The Lancet*) of this interesting and ingenious instrument are now given: It consists of a system of convex lenses and plane mirrors, by which, using electric light, the image of any opaque body can be projected on to a screen in its natural colors. To the members of the Congress at first large sections of a human brain were shown, and the assembly was much surprised by the clear appearance of the difference of the white and gray matter, which was apparent even to the occupants of the back benches of the auditorium. The open thorax of a living dog was shown, and one could follow the changes in color and movements which the heart was undergoing during the suffocation of the animal, all the branches of the coronary vessels, and the changes taking place in them being clearly seen. Another interesting demonstration was that of the movements of the stomach and intestines of a dog whose abdominal cavity had been opened. The movements were much better perceived by the aid of the episcope than could be possible even by direct inspection.—*Med. Rec.*

THE CIRCUMFERENCE OF THE NECK AS A PROOF OF VIRGINITY.—It is well known that many persons are of the opinion that the neck of a woman enlarges immediately after her earlier relations with man. Malgaigne writes on this subject: "Others go farther, and pretend to be able to test virginty in the following manner: The circumference of the neck is taken at the middle with a piece of thread; the length of the thread is then doubled and the ends are held between the front teeth, and the loop thus formed passed over the top of the head. If the loop passes freely over the vertex it is a bad sign; if on the contrary, it is too short, the presumption is in favor of virginity." In the poems of Catullus, of Verona, the following passage occurs:

> "Non illam nutrix, oriente luce revisens,
> Hesterno collum poterit circumdare filo,
> Currite, ducentes septemina, currite fusi."

This is an instance of the fiedelity with which some very old medical ideas have been transmitted to our own times.—*Provincial Medical Journal.*

CORRESPONDENCE.

DOUBLE SUICIDE.

CONCORDIA, KAS., June 1, 1890.

EDITOR REVIEW:—Misses A. and H., æt. 32 and 35 years respectively, suicided in Lake Sibley on March 11. Miss A. was a graduate of a good college in Wisconsin, and Miss H. was within one year of graduating when they came to Kansas and engaged in school-teaching. They both held prominent positions in the community. They generally lived together, were very saving, and had accumulated considerable property, perhaps $8,000 worth.

During the past year, having retired from teaching, they resided in a newly built addition to their residence on their magnificent farm, just a mile from the lake whose waters cut off their lives. Before leaving for the fatal spot they deeded all their property to one of their three surviving brothers, left a letter, signed by both, telling of their intended suicide. I was attending a case in the adjacent rooms of the house, and was awed at contemplating the scene of two well-educated, well-to-do sisters lying side by side in the garments of the dead. Two or three of their brothers had died of consumption, consequently the ladies harbored a morbid dread of having ere long to die the same lingering death of their brothers. Miss A. often remarked in the presence of her brother that she wished she could drop dead. She bore the expression of terrible agony on her spare countenance. Miss H. was quite robust.

Remarks. Could they have been insane? No; their history would refute this. The elder was likely insane,

and the younger, by force of her iron *will*, walked into the cold waters of death so that she would not be left to survive her sister. The above is a pretty correct history of the tragedy. There was great difference of opinion among physicians as to the theory of double suicide. I would invite comment.

J. H. McCasey, M.D.

SOCIETY PROCEEDINGS.

AMERICAN MEDICAL ASSOCIATION.

State Medicine.

Dr. A. N. Bell presiding. The paper on

Government Aids to Public Health

By Walter Wyman, U.S.M.H., which had been read by title at the previous session, was read in full by the Secretary. Mr. Wyman defended the United States Government from the charge of parsimony in its care for the health of its citizens. He mentioned the national quarantine service for protection from epidemics, for which $500,000 is annually appropriated; the fund for relief of yellow fever sufferers; the recent scientific commissions of Dr. Sternberg in regard to yellow fever inoculation, and Dr. E. O. Shakespeare's investigations of foreign cholera; the laboratory at Tortugas for the study of yellow fever, and the general laboratory on Staten Island; the bureau of animal industry in the Department of Agriculture for the detection of causes of disease among animals, and the prevention of the use of diseased meat; the marine Hospital Service, which treats 50,000 sailors annually, supported at half a million; the Medical Department of the United States Army; its library and museum; the naval museum of hygiene, in whose laboratory chemical analyses of water and food are made, as well as bacteriological examinations, and the recent acts of Congress in regard to interstate quarantine, adulteration of beer and foods, and the Sanitation of Washington. He showed that all is being done that is practicable. He advocated the crushing out of domestic diseases, and said tuberculosis was the greatest enemy of the American people. It should be included in the immigration laws. He said even the Whitechapel district, of London, is clean, although as many as seventy are crowded into one room to sleep, and made this a reason for the low death rate of London. America must be a law unto herself in sanitary policy. No other country is like it. The ideal policy contemplates a State pride in sanitary perfection and they should be unwilling to call for national aid till it is absolutely necessary.

In the absence of Dr. J. B. Lindsley, Dr. Woodhull, U.S.A., made an oral resume of his paper on

Our Urban African Population

Dr. Lindsley emphasized the necessity of taking the race question into consideration in comparing Northern and Southern cities. Constant attention should be paid to it in all statistics. In order to fairly compare the cities of the two regions, it should also be remembered that the whites of the South form the upper class, while the whites of the North constitute both classes. If this were not true, the question of climates and social habits would have more value. With better habitations and concomitant conditions, the death rate and sick rate of the Africans would be improved. The relative birth rates have not received enough attention. The section requested Dr. Lindsley to continue his paper and present it for publication.

Dr. T. G. Horn, Colorado Springs, read a paper entitled

The Advantages and Disadvantages of High Altitudes.

Dr. Horn said his conclusions were based on fifteen years' experience in altitudes ranging from 5,000 to 19,000 feet above the sea level. In all diseases of the air passages, the first object to be secured is a climate that will permit free out-door life in pure air. Intense or moderate heat, if persistent, throws a strain upon the liver, skin and digestive system that prevents proper nutrition. Intense cold throws a strain on the lungs and kidneys and prevents out-door exercise. The Rocky Mountains have neither extreme and the air is pure.

After beautifully describing the life in the mountains, Dr. Horn gave several cases where the perfect conditions of the place were abused by carelessness. Patients often overdo themselves because they are told exercise is necessary, and, not understanding the conditions of the unusual climate, are injured by stopping to rest in dangerous places. Horseback riding is probably the most abused form of exercise. Colorado Springs is the best Rocky Mountain Resort. Salt Lake City is better for serious heart complications. If the peculiar advantages of these places were better known, the thousands who die in other places would go there to find health.

In the discussion which followed, Dr. Woodhull asked if altitude had the effect of aggravating nervous affections. Dr. Horn said this was the case, and said the number of insane was a matter of general remark, but this came from diseases contracted before coming there. Dr. Frank Billings, of Chicago, discussed preventative inoculations, and the last paper on the programme was read by the Secretary. It was from Dr. Samuel O. L. Potter, of San Francisco, entitled,

American vs. European Medical Education.

It was a lengthy paper, with the conclusion that many of the diplomas given by European colleges are undeserved, and the mere barter for American money.

Abstract of the Address on Dietetics.

Next came an event of much interest in the address of Dr. Woods, of Pittsburg, Chairman of the Committee on Dietetics.

He said that there was no body before whom the questions of dietetics could be discussed so properly as before the leading assemblage of physicians of America. He thought that the physical defect of so many Americans in possessing bad teeth or none at all was due in a great measure to the kinds of food given children. He thought they should be given food that required mastication, thus developing the gums, teeth and salivary glands. The practice of giving children too much liquid food causes narrow jaws, weakened gums, and marred physical beauty. Again, the small, thin jaws consequent upon a liquid diet did not furnish room to accommodate the teeth, even were the blood supply sufficient It was like two stalks of corn growing in one hill in such a way as that the one would crowd the other. There was more decay of teeth caused by an insufficient blood nourishment than from any injury or defect of the enamel. The average American business man relegates the matter of diet to the cook, and the study of the cook seems to be to provide as indigestible food as possible, food that must be washed down by coffee or some other fluid, and thus prevent a flow of saliva. Bad results can but follow.

Mastication is the important point. No matter how a man may diet himself, he cannot overcome the evils of an improper diet when a child, and we are confronted with an evil that strikes at the very life-blood of the nation. If the proper care were taken of the diet of children, we would be physically the strongest people on earth.

He appealed especially to the physicians to stand by the children and see that their birthright was nor bartered away for a mess of pottage or other soft food. If the doctors will do this and the nation will adopt their suggestions, our people will surpass in physical development and in personal beauty the ancient Greek. The Greek had Olympus for his oracle and war for his pursuit. The American has science for his oracle and peace for his pursuit, and hence possesses the advantage.

The doctor concluded by citing the instance of the perfection attained by the American race horse, and that precisely the same principles used rearing horses might profitably be applied to raising children; and that the children would possess supremacy in a corresponding degree.

Section on Practice of Medicine.

Dr. Musser, Pennsylvania, President.

Dr. George Fackler, Cincinnati, read a paper on

Calomel as a Diuretic.

After a resume of the scanty literature of the subject Dr.Fackler discussed the mode of action of the drug and cited a number of cases. His conclusions were that calomel and all other mercurials are diuretic; their action is most marked in dropsy of the heart, but they are not to be relied on in diseases of the kidney. Small doses are of no use. Drs. Ulrich, Caldwell and De Saussure discussed the paper.

The discussion of the

Continued Fevers of the South.

was opened by an essay from Dr. W. W. Johnston, of Washington, D. C. His conclusions were that enteric fever is a rare disease in the South in a typical and intense form. There is a probable change going on in the type of enteric fever. It is assuming a milder form. There is no reason to believe there is such a disease as typho-malarial fever.

Dr. J. C. Shepard, Winchester, Tenn., read an extensive description of the conditions of Middle Tennessee in relation to fevers. Dr. Happell, of Trenton, Tenn., and Dr. Dock, of Galveston, Tex., continued the discussion. Dr. Sears, of Texas, said malarial fevers running into a typhoid state are curable by quinine. Dr. Van Eman, of Kansas City, Mo., said the continued fevers in his practice were enteric as demonstrated by autopses, and quinine would kill it. Drs. Powell, of Tennessee, and Stringer, of Florida, also spoke.

Dr. J. H. Van Eman, Kansas City, Mo., read a paper on

The Specific Treatment of Typhoid Fever.

Dr.Happell, of Trenton, Tenn., showed there has been a diminution in the death rate of typhoid fever from the earlier days, as the results of improvements in practice, and advocated a combination of bathing, cold sponging and antifebrine.

Dr. H. A. Hare, Philadelphia, read a paper on

The Treatment of Insomnia and Neuralgia by Butyl Chloral Hydrate.

Dr. Crawford, of Illinois, presented a patient with obscure symptoms on the part of the digestive and other organs. A committee was appointed to make a diagnosis.

Dr. John P. Sawyer, Cleveland, O., read an interesting essay considering

Auto Intoxication from Nitrogenous Elements of Food when Taken in Excess.

He explained how bacteria in the stomache derive their nutriment from the lining of the stomach and make chemically-modified deposits there, causing a variety of painful symptoms, and recited several cases where the most distressing cases had been cured by simple prohibition of meats as food.

Section on State Medicine.

In this section Dr. John B. Hamilton, Supervising Surgeon General of the Marine Hospital Service of the United States, Chairman, read an exhaustive address. He said the Marine Hospital Bureau had devoted the last year to increasing quarantine facilities for vessels, publishing a weekly abstract of sanitary reports and increasing the facilities for laboratory work. There are

two laboratories. Among other interesting observations made were the experiments of Dr. Kinyoun on the value of cobra poison as a cure for cholera.

The recent act of Congress to prevent the introduction of contagious diseases from one state to another and for the punishment of certain offenses was quoted in full, and the case of the State Board of Tennessee interfering with Kentucky was cited as the only case yet tried. The necessity of a stricter supervision of immigrants was never more manifest than now. It was stated that Key West is in danger of becoming a center for the dissemination of yellow fever. This arises from the plainest neglect of hygienic rules. The use of cesspools within the city limits, bad water, lack of drainage, etc., was cited.

The influenza epidemic was said to be one of the most wonderful phenomena of nature. Its rapid spread from St. Petersburg, Russia, in November, 1889, all over the world was unprecedented. The American legation is trying to ascertain the circumstances of its origin. It has invaded every country, from north to south, even animals being attacked. La nona was described and attributed to the same causes as influenza, being regarded as a combination of pneumonia and cerebro-spinal meningitis. Leprosy was spoken of at length. Strict segregation, entire separation of the sexes and rigid enforcement of the immigratian law was recommended. Leprosy is only slightly contagious, but inoculable. The country will not suffer if leprous immigrants are denied admission.

The history of the resolution formulated at the Montgomery quarantine conference in 1889, that a nation is responsible to other nations for maintaining a plague centre in its borders, was reviewed. It had been read before the French Society of Hygiene and the Committee on Quarantine of the International American Conference. It is believed that international confidence will in time be established. Inoculation as a yellow-fever preventative was discredited. The only country from which the United States is seriously threatened is Brazil, and the place, Rio de Janeiro. It was urged that the systems of Dr. Sternberg and Freire be investigated by a committee of the convention. Preventative medicine must look beyond topics of general hygiene, to individual physical development.

Dr. N. S. Davis, Chicago, Chairman of the Committee on Meteorology, read a

Report on the Meteorologic Conditions and their Relations to the Epidemic of Influenza,

and some other diseases in Chicago during the six months ending March 31. His paper was lengthy and composed of carefully-compiled statistics and meteorological observations bearing on the epidemic, with concise statements of the symptoms of the disease. Much was in tabular form. Dr. Davis was of the opinion that had the people of Chicago known nothing of the influenza prevailing without, its appearance in Chicago would have occasioned no unusual remark. Similar cases appear annually and are called winter cholera. He explained how the river had became so high in the winter that the sewerage of the city is swept out into the lake, where the opening of the city reservoir tunnel is. So long as the drinking water is thus contaminated the epidemic exists. The sickness was carefully diagnosed and the conclusion of the medical experiments was that the liberal use of remedies that relieve pain and reduce the temperature by a direct impediment of the functions of the corpuscular elements of the blood and tissues and of the nervous centers of animal life could not fail, especially when frequently repeated, to produce great and protracted debility and sometimes to contribute much toward the development of a fatal collapse, one or two instances of which came under the writer's observation.

The Section on Laryngology and Otology

met at the First Baptist Church, Dr. John G. Rae, of Rochester, N. Y., Chairman, and Dr. Frank H. Potter, of Buffalo, Secretary.

The opening address of the Chairman was upon

Laryngology and Otology; Their Relations to Each Other.

After reviewing the progress made in those departments during the past year he pointed out the ultimate and inseparable connection between these departments because nearly all diseases of the ear result from diseases in the nose and throat. The absurdity of associating otology and opthalmology, as has been the custom, was pointed out. "It must be evident to every intelligent person that the eye and the ear have too little in common to justify their relationship." The necessity of associating laryngology and rhinology with otology was pointed out, and he said: "We predict that in the near future they will be regarded as the most expert otologists who know the most about the throat and nose, and that the expert laryngologist and rhinologist will not know less than the otologist about the diseases of the ear."

[to be continued.]

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

[concluded.]

Section on Obstetrics and Gynæcology.

B. B. Browne, M.D., Chairman, read a paper entitled

The Removal of Submucous and Intra Uterine Fibroid Tumors. Enucleation and Traction, with a Report of Ten Cases.

After relating the methods heretofore in use, and describing at length the ten cases, he drew the following conclusions:

1. By traction and enucleation we get the benefit of normal uterine expulsive power.

2. We do not incur the risk of amputating a portion

of the uterus, or of cutting off a portion of the tumor and leaving it in the cavity.

3. We leave a clean intra-uterine surface.

4. We have a perfect means of diagnosis between a projecting fibroid tumor and inversion of the uterus.

Dr. R. M. Hall then read a paper on

Fibroid Tumors Complicating Pregnancy.

There are different kinds of fibroid tumors. Out of 74 in the non pregnant woman, 4 were in the cervix. Myomata form no obstacle to pregnancy. The connection between sterility and the presence of fibromata is very striking. Fibroids are more common in married women. Of 1634 women with fibroids, 1192 were married and 442 single, or about three to one. Fibroids are common in the colored race. Almost all uterine tumors in the colored woman, not carcinomata, are fibroids. Fibroids are freqnent among sterile women. Of 1554 married women with fibroids, 476 were sterile, or 1 to 3.05.

Dr. L. E. Neale exhibited a specimen which had been presented by Dr. Geo. A. Fleming of a

Double Monster,

belonging to the class of the terata katadidyma of the kind decranus or diprosopus. It was from a multipara. Dr. Fleming had made a digital examination, and very naturally diagnosed a breach presentation. The child was born and the two heads appeared, revealing the true condition. It is of interest to note that both heads cried at once after birth. It lived a few minutes, then gasped and died.

Dr. Neale also exhibited a case of

Acardia Acephalus,

occurring in his own practice. In the

Discussion

which followed, Dr. B. B. Browne, in referring to a case of failure in Cæsarean section, referred to Dr. Hall, said, that the idea was to perform the section, but as the pulsation in the cord had ceased, such a thing was out of the question. Still it was well to keep such cases in view, and be ready for the operation to be done at any time.

Dr. R. M. Hall referred to a case of a single woman who gave birth at the seventh to eighth month to a monster with the cleavage from below. When he reached the house it was born. The specimen was examined by Dr. Councilman, who found two cords and two membranes.

Dr. L. E. Neale had a case which he was not able to exhibit. A colored woman gave birth to her first child, whose upper extremities were much like the flippers of amphibious animals. She said that she had been in the habit of going to the park and watching the sea lions, but on further questioning she said she did not go to see the sea lions until in her fifth month, and if there is anything in the theory of maternal impression, which Dr. Neale was inclined to doubt, the impression should be made in the first eight weeks to effect the fœtus. He had not much faith in maternal impressions.

Third Day, Thursday, April 24.

Section on Materia Medica and Chemistry.
C. H. Jones, M.D., chairman.

Dr. E. F. Cordell read a most excellent resume of

Therapeutical Progress in 1889.

No great additions have been made to our therapeutical resources, but a careful reading and selecting has been going on. Interest still centers in the antipyretics, analgesics and hypnotics. To the former class exalgine is the most important addition. Pyrodine is another antipyretic which will probably have a short life. Thalline is now rarely used; sulphonal no longer attracts the attention it once did. Chloralamide does not satisfy the wants of the therapeutist. Liebreich denounces somnal. Amylene hydrate and urethan are the newest hyperetics. In antiseptics we have a valuable addition in creolin. Hypnotism is a very powerful agent for good or evil. The treatment of ataxia by suspension has yielded results worthy of notice. The advantage of electricity as a therapeutic agent is often exaggerated. The Hyderabad commission has brought in results remarkable and that will hardly be accepted. Among the minor points to be noticed is the treatment of constipation by glycerine suppositories. The dangers of using the alkaloid strychnine are such that it should always be ordered as a salt, which is much more soluble and safe. In the

Discussion

which followed, Dr. P. C. Williams spoke of the difficulties of finding a reliable hypnotic, especially in cases of hysteria. Sulphonal is slow and uncertain and fails in hysterical cases, although it is good in mere restlessness. He endorsed what was said about chloroform. Do not put a patient under too gradually. The best inhaler is a cylinder. He gives chloroform chiefly in labor, and then uses it whether heart is affected or not. Its use prevents unnecessary strain on a diseased heart.

Dr. J. D. Blake thought the danger of chloroform was at the beginning. The nervous system should become gradually accustomed to the chloroform.

Dr. C. H. Jones thought the Hyderabad commission had shown nothing new in its investigations.

Dr. J. J. Chisolm has fought the battle for chloroform for 20 years. The Hyderabad commission had sustained every point he had made.

Dr. A. K. Bond thought the pupil should be watched in chloroform anæsthesia. This was more important than the pulse or respiration.

Dr. Hiram Woods said there was not much use in watching these signs. Some have a susceptible heart and will die anyhow.

Dr. T. E. Atkinson thought the skill of the anæsthetic administrator should be taken into account.

Dr. J. W. Chambers thought the amount and meth od of giving it made very little difference. Some die anyhow.

Dr. L. McLane Tiffany said neither chloroform nor ether was the best. The medical man should confine himself to neither, and use his judgment and discretion.

Dr. Geo. H. Rohe thought the cases should be selected.

Dr. C. G. Hill gives chloroform at first and follows up with ether. The paper was further discussed by Drs. N. R. Monroe, J. H. ——, J. E. Michael and R. Winslow.

Section on Anatomy, Physiology and Pathology.
Herbert Harlan, M.D., chairman.

Dr. John C. Hemmeter then gave a

Resume of the Literature on So Called Trophic Nerves.

The smallest part of the material for this study came from physiological experiments, and the largest part from clinical observation. From these studies we conclude that the function and nutrition are but different phases of the same thing—the general metabolism of the body; hence all nerves are in some sense metabolic nerves. The nutritive processes are under constant regulative influence by the nervous system, but a proof for existence of so-called trophic nerves, pure and simple, has not been furnished except to a certain extent in their specific nutritive processes occurring in muscles and glands. Most so-called trophic disturbances can be explained by loss of vaso-motor innervation.

Fourth Day, Friday, April 25.

Section on Psychology and Medical Jurisprudence.
John S. Conrad, M.D., chairman.

Dr. Charles G. Hill read a paper on

Psychological Progress as Measured by the Advances in Cerebral Localization.

Section on Ophthalmology, Otology and Laryngology.
H. C. M'Sherry, M.D., chairman.

Dr. Julius J. Chisolm, in a paper entitled

The Exclusion of Light is not Beneficial in the After-Treatment of Cataract Patients,

gave his experience during the past four years in the treatment of cataract operations. His method of after-treatment, as is well known, is revolutionary to all ex perience in this direction. Instead of dark rooms, ab solute quiet on their backs in bed, and all the bodily restraints which surgeons deem so necessary for the successful healing of the corneal wounds, including the closing of both eyes under heavy compress and bandage, Dr. Chisolm practices in just the opposite way. He does not put his patients, after cataract operation, in dark rooms. He does not treat them in bed. He does not bind up the eyes. He does not use any bodily restraints. He only closes up the eye he has operated upon by a strip of soft salicylated silk isinglass plaster, and he leaves the other eye open so that the patient can see to walk about, to feed himself, and to make his own toilet at bedtime and when he gets up in the morning. The eye operated upon can be daily inspected through the diaphanous adhesive plaster. By the fifth day the covered wound has healed, and the strip of adhesive plaster removed. He claims for this treatment better results than he ever got in previous years, when he practised all the restraints in general use. His experience which covers hundreds of cases, shows that eyes treated in lighted rooms escape much of the irritability which is found, when the bandage is removed, in the dar-kroom treatment. Since the operation without iridectomy has been reintroduced, Dr. Chisolm's extractions are by the new method. In the hospital 150 of these have been done with the most excellent results. Hernia of the iris very seldom occurs, and not more frequently than in the practice of the most skilful eye surgeons who still think the bed treatment and absolute quiet an essential item in the success of the operation. Dr. Chisolm has had 30 years experience as an eye surgeon, and has performed upward of 1800 cataract extractions, a much larger experience than any other surgeon in the United States. For 25 years he treated his patients in dark rooms, under thick compresses. For the past 4 years he has practiced just the opposite treatment, of closing only the eye operated upon, and using light rooms with no bed confinement, and without bodily restraints of any kind. His experience has proven to him that the new plan of treatment is by very far the better one. Hence he makes war against what he deems relics of a former bad surgery which should be abandoned, and should only be remembered for the needless annoyance which it inflicted upon over-docile patients.

Voluntary papers were then read by Dr. Geo. H. Rohe on

Statistics of One Hundred Obstetrical Cases.

Dr. A. Bond, on

The Lung Diseases of the Prevailing Infuenza.

Dr. W. R. Monroe, on

The Use of Nitrogen on Therapeutics.

Officers Elected.

The following officers were elected for 1890 91:

President, Dr. T. A. Ashby; vice-presidents, Drs. G. H. Rohe and J. McP. Scott, of Hagerstown, Md.; Recording Secretary, Dr. G. Lane Taneyhill; Assistant Secretary, Dr. Robert T. Wilson; Reporting Secretary, Dr. William B. Canfield; Treasurer, Dr. W. F. S. Kemp.

One hundred new members were elected.

SELECTIONS.

DIGITALIS AND VERATRUM VIRIDE IN PNEUMONIA.

Failing heart power is always an indication for digitalis. That the action of digitalis be better understood, let us compare it with veratrum viride.

In the early stages of pneumonia the pulse is full and strong, the fever high, and the capillaries of the affected lung dilated and turgid with blood. Under these circumstances veratrum is of service.

In the first place, it depresses and quiets the heart, it reduces the arterial pressure and drives the blood into that territory where resistance to blood entrance is slight. But it does more than this. It builds up the capillaries all through the system. You will remember that the relaxed vessels of the abdomen are of such size that they are capable of holding all the blood in the body. You can put all the blood of a man, after death, in his abdominal vessels, and they will not be over full. Now when, under the influence of a dose of veratrum, the heart has been lowered in power and the whole abdominal cavity has been opened wide, there is then a great suction of blood away from this lung. The blood that fills and chokes up this territory goes off to the abdomen, and you thus get an effect which, in days gone by, our ancestors got by the use of the lancet.

You depress but do not exhaust the patient. Bear in mind, depression is not exhaustion—that depression is the strong man's safeguard, that exhaustion is his danger. But let the case go along. Soon there is consolidation.

There comes an outpouring of plasma; all these capillaries are pressed upon—practically they are obliterated; and if a whole lung is obliterated, as sometimes happens, there is only half-communication between the right and left sides of the heart. Do you not see that, under these circumstances, the right side of the heart is placed under a perpetual strain, and that the strain increases all the time, from a little failure at this moment to throw back a little blood into the venous system and at the next moment a little failure to throw an increase of blood to the venous system?

You give a full dose of the digitalis, and continue its use until you have some evidence of its presence. The effect will be that the right side of the heart will begin to beat slowly and with long pauses. There is a driving force behind the blood, which throws it through this narrow channel, fills up that left ventricle and restores the balance of the circulation. You cannot do this with any remedy so well as you can do it with digitalis. It is more powerful than any other, though slow in action. Alcohol does not do this. Alcohol is a stimulant to the general system. It acts on the heart, but less powerfully than digitalis. Therefore in advanced pneumonia there is no remedy that will replace it. Give it for effect, give it freely and watch the pulse; when you have a distinctly digitalis pulse, reduce the dosage, but increase your dose of digitalis when the action begins to wane.

Digitalis is useful in advanced stages of typhoid fever, when the pulse fails. It is useful in any acute disease when the pulse fails. But remember always that experiments have shown that a very high temperature renders the system less liable to the action of digitalis. It is not true that digitalis will not act with a high temperature. I have over and over again seen it act with great power in cases where the temperature was 105°. The high temperatutre simply makes the heart more rebellious; it does not suspend the activity of the digitalis.—Dr. H. C Wood, in *The Therap. Anal.*

THE SURGERY OF THE SPINE.

Dr. White divides the spinal troubles which may necessitate surgical interference into three classes: tramatisms, caries, and neoplasms. He reviews the history of the surgery of these condition, gives the details of two cases in which he performed resection of the spine, and reaches the following conclusions:

1. The objections urged against operative interference in spinal traumatisms were partly theoretical (hæmorrhage, frequency of absolute destruction of the cord, pressure from inaccessible fragments of bone, etc.,) and have been shown to be unsupported by clinical facts. They were largely due to a well founded dread of *a*, the shock, in the cases operated on in preanæsthetic times, and *b*, consecutive inflammation, suppuration and pyemia in pre-antiseptic periods. The later results, which now constitute our only safe basis for generalization, are distinctly encouraging, and resection of portions of the vertebræ in fractures, possibly even in dislocations, should be recognized as an eminently proper operation and in suitable cases altogether warranted by the facts in our possession; and further, such cases are by no means rare or exceptional.

2. There can be still less doubt that the testimony of pathologists and practical surgeons indicates that the cause of the paralysis of Pott's disease is in many instances an extra-medullary proliferation of connective tissue, assuming the density and proportions of a neoplasm, occupying the space between the dura and the interior surface of the laminæ, not apt to be associated with intra-medullary changes or with destructive degeneration of the cord, and very frequently removable by operation.

3. Every case of focal spinal lesion, thought to depend on a tumor and not distinctly a malignant or generalized disease, should be regarded as amenable to operative interference, no matter how marked the symptoms of pressure may be or how long continued.

4. The method of extension, as recently revived, is well worthy of preliminary trial in the first two classes and in obscure cases thought to belong to the third class. It has not yet been tried in a sufficiently large number of cases to establish its exact limitation, but it is unquest-

ionably a therapeutic measure of vast importance in spinal injury and disease.

It is customary and proper in deciding upon any serious surgical procedure involving risk to life, to consider well the prospects of the patient in the event of non-interference and to be largely influenced by them. Looked at in this light the operative surgery of the spine as regards traumatisms, caries and neoplasms may fairly be said to have a rapidly widening field and to deserve more serious and careful consideration by practital surgeons than it has received for many years.—J. William White, M.D., in *J. Am. Med. Assn.*

GENERAL TREATMENT OF SYPHILIS BY EXTERNAL APPLICATIONS.

For many reasons, it is important to be able to substitute some other method of medication in syphilis to the usual ingestion of the mercurial salts by the mouth; something more simple, and less irritating to the digestive organs; and this is the reason why, after careful trial has been made of all the newer methods of administration of mercury, that most authors have lately advised the use of mercurial ointment. But here, again, several objections have been made. First of all, it is a dirty method, and it had to be renewed every day, while the last part used had to be washed. This led to patients not caring to attend to their treatment strictly, and for hospital patients to shrink whenever they could. Only at watering-places, like Aix La Chapelle, where the bath men rub the ointment into patients before their daily bath, can this treatment be thoroughly carried out. As it is important to treat these patients not only thoroughly, but also in spite of themselves, the hypodermic injection of insoluble mercurial salts has been practised; but the pain this method caused, not to speak of the abscesses, or, at least, hardening of the part injected, has caused the almost complete cessation of this treatment. To turn, as it were, the difficulty, Prof. (agrege) Quinquaud makes use of, in his hospital service, a *calomel plaster.* Calomel, applied to the skin, is transformed, little by little, into corrosive sublimate, by the chloride of sodium in the sweat, so that the patient has a permanent supply of bichloride of mercury by wearing these plasters.

It is prepared as follows: Diachylon plaster, 800 grammes, to calomel, 200 grammes. The mixture is spread out thinly on a cloth, which is cut up into pieces of ten by twelve centimeters for men; and in pieces of ten by ten centimeters for women's use. This is applied on any part of the body where the skin is thin. and kept on as long as possible. The absorption of the drug by the skin is proved by the examination of the urine, which shows mercury, and also by the fact that the syphilitic manifestations are rapidly improved, and salivation can also be produced. This is easy to prevent by stopping the use of the plaster in time, or by using it in smaller pieces. This new way of using an external method of treatment that cannot be shirked, and also is no bother to patients, presents considerable advantages that are seen at once, and we shall be able later on to give more exact details of the results of its use at the St. Louis Hospital here.—*Paris Cor. Times and Reg.*

Magnesia Isinglass as a Substitute for Plaster-of-Paris.—Dr. Josef Englisch states in a communication to the *Wiener Medizinische Wochenschrift* that in his experience isinglass is preferable to plaster of Paris for rigid bandages, on account of its lightness coupled with extraordinary firmness. It is, according to the author, especially adapted to cases in which the patient is intended entirely or partly to follow his usual occupaton. Its disadvantage is, that it takes a long time to harden, and he mentions this as the reason why it has not yet been generally adopted. To obviate this disadvantage, he has used for the last eight years magnesia isinglass, for which he claims excellent results. Four parts of a solution of soda isinglass are by slow boiling reduced to the consistence of thick syrup, and then triturated with one part of finely-powdered magnesia, till the mixture becomes whitish with a slight yellow tinge. The unrolled bandages are laid in this pultaceous mass, well stirred in it, and then carefully rolled upon a wooden roller. The prepared bandages must not be exposed to the air for more than fifteen or twenty minutes, and before their application the limb is covered with a double layer of ordinary calico bandages. No cotton-wool or flannel must be used. Four or five layers of the magnesia isinglass bandages are sufficient for the arm, but five or six layers are required for the lower extremity. When the apparatus is intended to remain undisturbed for a longer time than is usually the case, slips of the same material, or of thin leather or cardboard, may be inserted between two successive layers; not all together, as that would interfere with the adhesion of all the layers. From ten to twenty minutes after its application the apparatus ceases to be sticky, and in from three to ten hours, according to the temperature of the room, it is perfectly hard. It is easy to cut, remove, and reapply the apparatus, so that it does not interfere with other therapeutic measures.—*Lancet.*

Oatmeal Snares.—We have nothing to say at present concerning the numerous vaunted benefits of oatmeal as a food commodity, and, indeed there can be no doubt that good oatmeal, properly prepared, is of benefit to the human system. But the question arises whether it is not a fact that in our present age of hurry and the desire to do things quickly, many people injure their digestive organs by eating oatmeal not sufficiently cooked, and, therefore, in a condition in which the digestive fluids cannot act upon it, leaving it undigested simply to act as any foreign body would act in the sys-

tem, as a violent mechanical irritant. We are forced to this conclusion by the now too prevalent advertisements of oatmeal prepared by different manufactures, and claimed to be so prepared as to enable it to be cooked in from three to five minutes. This is simply an impossibility. These kinds of so-called oatmeals are simply decorticated oats, which before grinding are steamed. This steaming destroys any low organisms that may be in the oats. A little bicarbonate of soda and lime is added to help dissolve the albuminoids, and in some instances diatase to increase the converting power of the starch to sugar, but there is nothing in this process that can, in our opinion, so alter the chemical nature of oats or oatmeal as to make it possible to cook it ready for easy digestion in three or five minutes. Against this snare and delusion we would warn the reader. While thoroughly cooked oatmeal, cooked in the good old-fashion way; is no doubt a nutritious dish, these deceitful and misleading prepared oatmeals are a constant source of great danger, and, to be on the safe side, avoid them.—*American Analyst*, April 3. 1890.

On the Ætiology of Pernicious Anæmia.—After mentioning a great number of pathological conditions which may be followed by pernicious anæmia, Müller communicates (*Centralblatt f. klinische Medizin*) a case where Bothri ocephalus latus had given rise to pernicious anæmia.

The presence of fever and retinal hæmorrhages in the described case, as well as the very fluid watery condition of the blood, the large nucleated red blood corpuscles,the relatively well maintained colour of the blood corpuscles present, showed that the case was one of pernicious anæmia. The treatment for tape worm was in this case commenced too late to obtain a cure.

Then follow detailed accounts of four cases of pernicious anæmia, in all of which constitutional syphilis was also undoubtedly present. The diagnosis was confirmed in two cases by post-mortem; in two cases by the result of the antisyphilitic treatment employed.

Müller then shows that these were cases of true pernicious anæmia; the condition of the blood, the fever, and the capillary hæmorrhages being characteristic. He believes that these are not cases of ordinary syphilitic cachexia, but cases of a peculiar independent disease—true pernicious anæmia—in the etiology of which syphilis played a part. From the literature of the subject the author then brings forward some cases of pernicious anæmia in syphilitic individuals. Sufficient stress has not been laid upon the connection.

That in the described cases, syphilis really stood in connection with the anæmia as a cause, is shown by the decided effects of treatment in the two cases above-mentioned.

Müller belives that Eichhorst's division of pernicious anæmia into primary and secondary forms is no longer tenable, since latterly a number of pathological conditions have been recognized which are able to give rise to pernicious anæmia.

The group of cases of primary pernicious anæmia is becoming more limited, and in the future probably the cause of many cases will be discovered.—Williamson, in *Med. Chronicle.*

Why is a Miscarriage More Dangerous Than A Natural Labor at Term?—Prof. William Goodell, in a recent clincal lecture (*Practice*, Feb. 20, 1890), answers this question as follows: Because the very fact of a miscarriage implies some lesion—something abnormal; because, the placenta not being fully formed, the chorial villi are attached to the whole surface of the womb and some portions of the membranes are liable to remain behind and cause either hæmorrhage or septicæmia. Then again, the cervix is not dilated, and the small canal is liable to close up on the retained fragments. A criminal abortion is still more dangerous, because gestation is abruptly interfered with before any detachment of the membrane has taken place, and their retention is therefore far more likely to happen than in an honest miscarriage. A stung or decayed apple falls from its bough at the slightest breeze; while to pull off a healthy green one, demands a force which often snaps the bough from which it hangs. This illustrates the difference between a natural miscarriage and a criminal abortion. In the former, the process of detachment is slow and usually complete. In the latter, the detachment is violent, incomplete and traumatic. The result is, retention of the membranes, from which comes serious hæmorrhages and still more serious septic infections. Should the patient fortunately escape these, she will hardly escape an arrest of involution, and its resulting discomforts—*Cal. Clin. Rec.*

Inflammation of the Breast.—A. J. Howe, M.D., in *Dublin Jour. of Med. Science*,—1. Mastitis is rarely seen, except in patients who have suffered fissured or crushed nipples, and is the result of infectious matter gaining entrance. 2. As a rule the secretion of milk continues only with the natural stimulus, as nursing or other means, continue to be employed. 3. The secretion of milk, either in the normal or inflammatory state, begins to abate when such stimulus is withdrawn, and will entirely cease after a week or two. 4. In all cases of threatened or inflamed breast, well-regulated pressure by means of an elastic bandage should be applied, and no attempt should be made to nurse or withdraw the secretion until the entire subsidence of the inflammatory movement.

In treatment the advantages of an elastic bandage over an ordinary roller are: 1. It is easier of application. 2. The pressure is more uniform. 3. It is not likely to slip. 4. It is more comfortable to the patient, as requiring much less material. 5. It is not necessary to apply it over the shoulders.

Ocean Springs, Mississippi, is a beautiful village, of about one thousand resident population, fifty-seven miles from Mobile and eighty-four from New Orleans. It is on one of the most elevated sites along the Mississippi sea-coast and has a gulf frontage of about three miles. Here, as at the other Gulf Coast Resorts, may be found many beautiful villas used as summer and winter residences by citizens of larger cities. The universal groves of live-oak, magnolia, pine and cedar are seen everywhere about the town, shading the yards, the streets and avenues. Out in the sound, in front of Ocean Springs, rests Deer Island, to which boating parties are frequent.

Between the town of Ocean Springs, and the southern bank of Fort Bayon are the two principal Springs, which give its name to the resort and was found by the health-hunting aborigines after hundreds of miles of search through the pathless forest. These mineral springs are said to be impregnated with chalybeate properties or contain a noticable proportion of sulphuretted hydrogen.

A Definition of "Unprofessional Conduct".—In a bill to regulate the practice of medicine, recently introduced in the Oregon Legislature, there is a clause providing for the revocation of licenses for "unprofessional conduct," which is defined in the bill as follows: First, the procuring, or aiding or abetting in procuring, a criminal abortion. Second, the employing of what are known as "cappers" or "steerers." Third, the obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured. Fourth, the wilfully betraying of a professional secret. Fifth, all advertising of medical business in which untruthful and improbable statements are made. Sixth, all advertising of any medicines or of any means whereby the monthly periods of women can be regulated or the mensus re-established. Seventh, conviction of any offence involving moral turpitude. Eighth, habitual intemperance.—*N. Y. Med. Record.*

The Mandrake.—The root exhibits very well the curious resemblance to the human form, which has made a further interest in the plant, and which gave rise in remote ages to the assertions of magic power and sorcery. The ancients laid much stress on the doctrine of correspondence, and they argued that this human-like root must have special attributes as regard man, and hence this root became used as an amulet or talisman, and ladies value it as a love philtre.—*Br. Med. Jour.*

USEFUL FORMULÆ.

Inflammation of the Tonsils.

Dr. Haberkorn, writing in the *Centr. f. Chir.*, states that, taking into consideration how favorably inflammation of the tonsils is affected by dusting on medicaments in powder, he used salicylic acid, which, with either a dry or slightly-moistened throat-brush, he passed into the mucous membrane. The applications he carried out himself morning and evening. If the false membranes were very thick, he applied similarly, to facilitate their solution, the following:

℞ Pepsini, - - - ʒj.
Acid. hydrochlor., - ♏ xx.
Aquæ distill., - - - ℥iss.
Glycerini, - - - - ℥j.

As an aid in the treatment he prescribed a mixture as under:

℞ Acid. salicyl., - - gr. xxx.
Mucilaginis, - - - ℥vj.
Syrupi rub. idæi, - - - ℥j.

Sig. "Shake the bottle." One teaspoonful every two hours.

This he sometimes followed by a mixture made according to the following formula:

℞ Acid. tannici, - - gr. xv.
Tinct. iodi, - - - ♏ j.
Aquæ destill., - - ℥vj.
Glycerini, - - - ℥ss.

Sig. One teaspoonful every third hour.

If abscesses appeared on the tonsils, they were rapidly reduced by the application of a paint prescribed as under:

℞ Acid. tannin, - - gr. xv.
Tinct. iodi, - - - ♏ij.
Acid. carbolic liq., - ♏xxx.
Aquæ dest., - - - ℥iij.
Glycerini, - - - ℥ss.—M.

—*Provincial Medical Journal.*

Sleeping Draught.—Yvon uses, for adults, a sleeping draught made as follows:

℞ Hydrate of chloral, - - ʒj.
Bromide of sodium, - - ʒj.
Syrup of codeine, - - ʒv.
Syrup laurocerasi, - - ʒv.
Water, - - - - ℥iv.

—*Therap. Analyst.*

For Exophthalmic Goitre.

Dr. A. F. Watkins, of Potosi, Mo., recommends the following as a very satisfactory treatment for exophthalmic goitre:

℞ Picrotoxin, - - - gr. 1/30.
Ex. ergotæ aq., - - gr. iiss.
M. Ft. pil. No. 1.
Sig. One 3 times a day.

The tincture of stronphanthus should be alternated with the above, in ten-drop doses, gradually increased to sixteen-drop doses for seven days, when the ten-drop doses should again be given, this time for two weeks. After this the increased dose should be given for two months. If this treatment does not suffice, he advises the hypodermic injection into the tumor of ten drops of the compound solution of iodine.

ORIGINAL ARTICLES.

PENETRATING WOUND OF THE COMMON FEMORAL VEIN AND FEMORAL RING. LIGATURE OF THE FEMORAL AND INTERNAL ILIAC VEINS. RECOVERY.

REPORTED BY ROSS P. COX, M.D.,

Resident Surgeon, St. Agnes' Hospital, Philadelphia.

W. C., æt. 22 years, male, cabinet-maker, was admitted to St. Agnes' Hospital, July 15, 1889. Half an hour before admission, while he was pushing a piece of hard wood through a moulding machine, by the aid of a stick, three-quarters of an inch broad and half an inch thick, resting against his right groin, the blade struck a knot and forced the bits of wood backward with such energy as to "double him up and almost knock him down." The stick had perforated the several layers of thick, strong clothing, and inflicted the injuries below described, but fell to the floor unbroken. He experienced some pain, but suffered more from fright and shock. Almost immediately a swelling appeared at the point of puncture. On entering the hospital he showed considerable excitement and moderate shock.

There was a tumor about as large as a hen's egg at the centre of Poupart's ligament, and extending somewhat above it. Near the centre of this enlargement there was a slit, extending transversely about half an inch. Less than an ounce of blood had been lost, and all bleeding had ceased.

After slightly extending the wound outward and upward, the probe, not before entering more than an inch, could readily be carried inward and slightly downward for 2¾-inches; slight venous bleeding followed its withdrawal.

The situation of the wound and the direction taken by the probe indicated the possible penetration of the abdominal cavity and involvement of some viscus.

Prof. W. W. Keen, the surgeon on duty, was summoned and arrived in half an hour. The area of operation had meanwhile been shaved, scrubbed with hot water and soap, rinsed, bathed with ether, and finally with 1-1000 bichloride solution, in anticipation of surgical interference.

After examining the injury, Dr. Keen determined to enlarge the wound and explore its nature and extent.

Operation.—Ether. The incision was extended slightly upward, but chiefly downward and inward, as the probe indicated that direction. The successive layers of skin and fasciæ were divided until the finger could be carried deeply into the wound. Poupart's ligament was detected just at the upper border of the wound. At a depth of two inches the tip of the probing finger entered a perforation in what felt like a thin membrane, just internal to the pulsating artery. The bleeding had now become rather free, and the withdrawal of the finger was followed by a copious gush that left no doubt that its source was the femoral vein. While the hæmorrhage was controlled by a finger in the opening, the wound was enlarged. Poupart's ligament, the injurred vein and its homologous artery were exposed to view. The artery was black from the extravasated blood, but seemed firm to the touch. No tear of its walls was perceptible, but it was not unlikely that it had been struck. Further observation showed that the vein had been pierced through both its anterior and posterior walls, and that the abdominal cavity had been entered through the femoral ring. The finger could be carried through the ring into the abdominal cavity for about an inch, but there seemed to be no rent in the peritoneum. Something could be felt by the finger-tip, probably intestine, but it was intact.

The vein was secured below, and, with some difficulty, above the lesion by means of two hæmostatic forceps, and divided between these instruments. A medium sized aseptic silk ligature was quickly and firmly applied to the peripheral end of the vessel. To similarly secure the proximal end was a work of some difficulty; in fact, it was the external iliac vein that was here tied. Considerable traction to draw the vein down, and still more to lift Poupart's ligament up with a retractor, had to be used before it was accessble. After tying a few small vessels that the forceps failed to close permanently, the clots were removed, and the entire wound irrigated with weak bichloride solution. The ligating threads were cut off close to the knots. Thorough drainage was secured by a small fenestrated rubber tube, extending from the bottom of the wound to the inferior angle externally, and by a horsehair drain extending superficially from angle to angle.

The incision of the skin was about four inches long. Its lips were approximated by silk suture. A generous dressing of dry 1-1,000 bichloride gauze was applied, and a gentle compression made by a spica bandage of the groin. The operation lasted nearly an hour. The affected limb was elevated to 35° from the horizontal and well wrapped in cotton wool, gently retained by a roller. Bottles of hot water were placed around it and elsewhere. He was given cracked ice and one sixth of a grain of morph. sulph. hypodermatically.

A diet of four fluidounces of milk every two hours was directed to begin six hours subsequent to the operation.

July 16, six hours after operation, I was called to him. The dressing was found to be saturated with blood; about one pint of blood had been lost. He showed much anxiety and restlessness; pulse rapid but fairly good; temperature not much changed. The dressing was removed, and it was ascertained that the bleeding had ceased. The rubber tube had disappeared in the wound, but the outlet had apparently been free and there was no perceptible accumulation of clots. The bleeding was probably from a small branch that

opened into the vein at some point between the ligatures. A fresh dressing with slightly firmer compression was made. Considerable œdema of the extremity was observed. Cyanosis of the leg, which had been noticeable immediately after the vein's occlusion, was marked. $\frac{1}{8}$ of a grain of morph. sulph. and $^1/_{200}$ of a grain of morph. sulph. was administered hypodermatically.

After he had tried unsuccessfully to evacuate his bladder, he was catheterized at 5:30 A.M. Urine was free from blood. Morning temperature 99°F. Pulse 83. Fifteen hours after operation the temperature of each thigh was found to be 94°F. Subsequent observations did not vary materially from this record. The cyanosis gradually diminished.

Wound was redressed; no more hæmorrhage; doing well; urine drawn every six hours. A rather tight stricture of the membranous urethra rendered catheterization tedious and painful. Diet of four fluidounces of milk every two hours continued. There was but little pain, and this was referred almost entirely to the right loin. The swelling persisted; its extension below the ankle was not very considerable.

The posterior tibial artery pulse at the ankle was feeble, but perceptible. Evening temperature 100.1°F.; pulse 91. Was given $\frac{1}{4}$ grain of morph. sulph.

July 17. Free movement of bowels procured by one-drachm doses of salts given hourly, as required. Pain in loin persists; he is a little restless. Wound dressed; its condition was excellent. Continued use of catheter; diet unchanged. Not much cyanosis remained; œdema lessening slightly; artificial heat discontinued entirely. Temperature reached its maximum, 100.8°F.; pulse 96.

July 19. Daily dressing and treatment continued. The rubber drainage tube was removed. Perfect asepsis maintained.

July 20. Two normal evacuations of bladder; color of skin of the affected limb about normal; œdema greatly diminished; limb lowered to the horizontal; pain moderate; it has right lumbar region, and is felt in the wound for first time. Bowels moved by Epsom salts; doing well in every way.

July 21. Use of catheter discontinued; no pain; rests well; diet continued; lowering of limb followed by no marked increase of œdema.

July 23. Continued daily dressing of wound; the discharge consists of about one fluidrachm of seropus; healing progressing satisfactorily; removal of superficial horsehair drain; light diet.

July 28. Two of the stitches removed; the cotton padding around limb taken off; swelling not marked.

Aug. 1. Last stitch taken out; small horsehair drain inserted in wound.

Aug. 8. Daily dressing continued; horsehair gradu ally removed; about half a fluid drachm of pus escapes daily.

Aug. 16. Sat up part of day.

Aug. 20. Sat up all day.

Aug. 27. Discharged. He walks with a slight limp. Wound healed, except at site of drainage; scarcely any discharge.

Sept. 19. Healing complete. Some swelling after prolonged walking or standing; some stiffness remains. The lower limbs are of equal size on rising in the morning; has returned to work that requires constant standing; general health excellent.

Jan. 17, 1890. For four months he has steadily pursued his vocatien, with no other discomfort than slight œdema and stiffness, that are constantly lessening.

April. 4. Is entirely relieved of all œdema and stiffness, and suffers no inconvenience whatever from the injury.

In conclusion, I wish to set forth some of the facts with regard to treatment and results of wounds of the common femoral vein as taught by cases collected from all possible sources and tabulated by me:[1]

a. Wounds of common femoral vein, not done in tumor operations, treated by immediate ligation of vein: 3 cases, including the case I have reported, 2 deaths from gangrene, and 1 recovery (the persent case).

b. Ligation of common femoral vein for wounds, not made in tumor operations, after trying and failing with compression: 2 cases, 1 death from septicæmia, and 1 recovery.

c. 26 cases of ligation of common femoral vein, wounded in extirpation of tumor: 16 recovered and 10 died. Of the 10 deaths, 3 were from hæmorrhage, 2 from recurrence of malignant growth, 2 from pulmonary œdema, 1 from pyæmia, 1 from exhaustion, and 1 from limited gangrene and exhaustion, and a man forty-nine years old infected generally by sarcoma.

d. 27 cases of ligation of the common femoral artery or external iliac artery, and the homologous vein, for wounds made in tumor operations, give 6 recoveries and 21 deaths. Of the 21 deaths, 12 were from gangrene, 4 from septicæmia, and one each from hæmorrhage, recurrence of growth, pyæmia, and pneumonia. The cause of death in one case was not given.

e. Wounds of the common femoral vein, not made in tumor operations, treated by ligation of the homologous artery: 5 cases, 5 deaths; one each from septicæmia, gangrene, shock and exhaustion, and in one instance no cause was given.

f. Wounds of common femoral vein, not made in tumor operations, treated by ligation of both artery and vein: 17 cases, giving 6 recoveries and 11 deaths. Of the 11 deaths, 5 were from gangrene, 4 had no cause assigned, and 2 were from hæmorrhage.

g. Wounds of common femoral vein treated by lateral ligation: 3 cases, with 1 death from hæmorrhage, and two recoveries.

[1]For these cases I am chiefly indebted to the papers of H. Braun, Archiv. f. klin. Chir., vol. 28, p. 620; Koretzky, Archiv. f. klin. Chir., vol. 36, p. 617; Maubrac, Arhhiv. General, Jan. 1889; Walsh, Trans. Med. and Chir., vol. 71, p. 237; Med. and Surg. Hist. of War of the Rebellion.

h. Wounds of common femoral vein, not treated by ligation of either vein or artery: 11 cases, 11 deaths; 4 from causes not given, 3 from hæmorrhage, and 2 each from pyæmia and gangrene.

A CASE OF FIBRO-SARCOMA OF THE OVARY.

BY B. F. BAER, M.D., PHILADELPHIA.

I have called this tumor a sarcoma of the ovary, but I am not sure that this expression its true pathological character, since I have not had an opportunity to submit it for microscopic examination. It is a large solid tumor of the ovary, however, and as such is of unusual interest.

The patient, Mrs. K., æt. 39 years, had one child sixteen years ago, but has been sterile since. The labor was difficult and laceration of the cervix resulted, for which an operation was performed nine years ago, resulting in the relief of the symptoms which then existed. She has enjoyed good general health throughout her life, and has a good family history. About a year before I first saw her she became aware of the presence of a small growth which distended in the right iliac region. This she considered to be the result of pregnancy, because as she stated, she began soon after to feel the movements of the child. She was so certain that she was pregnant that she notified her family physician to be in readiness for her expected confinement. The growth continued to increase in size, but when the full term had been reached labor did not supervene. It was now learned that none of the rational signs of pregnancy, except the abdominal enlargement, had been present during the supposed pregnancy. The patient, however, insisted that she felt the movements of the child, and was confident that labor would come on. Soon after this, on February 19, 1890, I was requested to see her.

She presented an appearance of rather ruddy health, and not the slightest sign of anæmia or emaciation, nor had she felt any pain during the development of the abdominal growth.

Examination, with the patient in the dorsal position, showed the abdomen to be about as large as at the full term of gestation, rounded and symmetrical in form. On palpation, a hard, movable mass was felt beneath the abdominal wall. It was not tender on pressure and fluctuation was absent. There was dulness over the anterior surface of the abdomen and resonance in the line of the colon.

Vaginal touch showed the cervix to be hard. The uterus was retroverted, and the lower rounded surface of the tumor rested upon it, resembling very much the hard surface of a fœtal head. The tumor did not seem to be one with the uterus, or to grow from it, although movement of the former caused the latter also to move. When the tumor was pushed up by the hypogastric hand the uterus could be moved by the vaginal finger, showing a probable ligamentous attachment. The sound gave a measurement of plus three inches.

In view of the rapid development of the tumor, the small size of the uterus, and the absence of menorrhagia (her menses had been rather scanty), together with the physical sign above noted, I believe the growth to be of the ovary, probably a sarcoma; but the possibility was also entertained that it might be a fibroid tumor, with a small pedicular attachment to the uterus. I advised the removal of the growth and operated on March 6, being assisted by Dr.H.C. Bloom and by my brother, Dr. J. S. Baer.

When the tumor was exposed it presented such an extremely vascular appearance that I felt I had a fibroid tumor of the womb to deal with; but on passing my hand into the pelvis I learned that it at least had a pedicle, which would permit of its removal, and I therefore proceeded with the operation. It was necessary to increase the incision to seven inches in length before the tumor could be lifted out of the abdomen, after which I began to apply the temporary rope clamp, but now discovered that the tumor was attached to the uterus through the broad ligament only, and that it was not involved in the growth, or that the growth did not originate in the uterus. Further examination now showed it to be the right ovary, with the broad ligament and Fallopian tube spread out over its surface. This gave rise to the extreme vascularity of its surface. The pedicle was very short, broad, and vascular. I next clamped all of the vessels with pedicle forceps, and then cut the tumor away, after which the pedicle was transfixed, ligated, and trimmed, leaving a very large stump.

Considerable hæmorrage had occured during the separation of the tumor. Sponges were now packed within the pelvis, and I proceeded with the closure of the incision from above downward, about twenty sutures being placed. It was now found that the pedicle ligature had slipped, and quite a smart hæmorrage was taking place; but it was soon re-ligated and the peritoneal edges of the pedicle were then brought together by interrupted sutures. After removing all clots, the abdomen was closed without irrigation or drainage.

The patient stood the operation well, and has made an excellent recovery, the sutures being removed on the seventh day.

Examination of the tumor shows the great extent of its attachment to the broad ligament, and will give an idea of the thickness and vascularity of the stump after ligation of the pedicle. The Fallopian tube and large vessels may be seen spread out over the tumor. On viewing the section it is found to be quite solid and fibrous in appearance, except at the upper surface, where a small cavity is seen. This contained several ounces of semifluid, yellowish substance, which resembled the fluid found in fibro-cysts of the uterus. It weighed when removed fifteen pounds.

I think we must conclude that the tumor is not a fibroid of the ovary, although it has not been examined

microscopically, for I believe all operators and pathologists of experience agree that fibroid of the ovary does not occur. Sir Spencer Wells says, "A true fibrous tumor of the ovary is a thing of very rare occurrence. * * * It will be found that many cases reported as ovarian fibroids are, in reality, tumors beginning in the uterus, which overgrow and involve the ovary so as to disguise its natural appearance,or conceal it altogether." Doran says, "I have never found a solid ovarian tumor to be formed of pure fibrous tissue. * * * All the solid tumors that I have seen removed at operations have proved to be sarcomatous or cancerous."

The question of greatest importance in this case, as in all cases where the disease is of a malignant or semi-malignant nature. Will the disease return? The answer depends upon the character—whether the morbid process is entirely local, or whether organs or tissues in the vicinity are involved. If, as in this case, the disease is purely local, I think experience teaches that it does not tend to recur, at least not as rapidly as sarcoma in other portions of the body. Some cases have been delayed for years, others indefinitely. Much, if not everything, depends here, as in most all morbid growths upon the time of their removal. The longer the delay the greater the danger.

TRANSLATIONS.

FROM THE FRENCH AND GERMAN.

BY F. NEUHOFF, M.D.

A New Method of Determining the Presence of Hydrochloric Acid in the Stomach.

Penzoldt and Faber determined the absorptive power of the stomach by the length of time which elapsed between the swallowing of a gelatine capsule containing iodide of potash and the instant when the saliva gave iodine reaction.

Dr. Alfred Gunzburg has utilized this same principle in devising a more pleasant substitute for the old way of determining the presence of hydrochloric acid in the stomach, which consisted in withdrawing by a tube some of the contents of the stomach, and testing them for hydrochloric acid.

Dr. Gunzburg encloses 5 grains of iodide of potash in a vulcanized rubber tube, which is inclined to spring open. The ends of the tube are secured by means of fibrin shreds, which have been kept in alcohol. The tubes are preserved in glycerine. When the test is to be made, one of these tubes containing iodide is enclosed in a gelatine capsule and then given to the patient to swallow.

The stomach quckly dissolves the gelatine capsule, and the fibrin shreds begin to swell up, more or less rapidly, according to the amount of hydrochloric acid present in the gastric juice. As soon as the swollen fibrin is no longer able to resist the elasticity of the rubber tube, the tube opens up and the iodide is quickly dissolved by the stomach, and iodine appears in the saliva, when its presence can be readily detected.

To determine the time taken up in the swelling of the fibrin, it is necessary to wait 48 hours, when no more iodine is being eliminated by the patient, and then make him swallow another gelatine capsule, containing simply iodide. Now test the saliva every few minutes, and see how long before iodine is present in it. This time must be subtracted from the time which elapsed in the former experiment between the swallowing of the capsule containing the rubber tube, and the appearance of iodine in saliva. The remainder thus obtained will represent the time consumed in the swallowing of the fibrin. In healthy stomachs this was found to be about 1 hour. In diseased stomachs it varied from $2\frac{1}{2}$ to 4 hours.—*Med. Woch. Deut. Med. Zeit..*

The Action of Caffeine on the Motor and Respiratory Functions in the Normal State, and in the State of Inanition.

M. G. See has made recent researches on this subject.

Caffein in small but repeated doses (about 10 grains a day) may be prescribed with advantage to soldiers on the march to facilitate muscular labor by increasing the activity, not of the muscles themselves, but of the motor nervous system both cerebral and spinal. From this there results a diminution of the sensation of effort and a warding off of fatigue, which constitutes a phenomenon both nervous and chemical.

Caffein prevents shortness of breath and palpitation consequent upon effort. It immediately restores vigor to a man who has undergone violent and prolonged exercise.

It augments the loss of carbon of the organism, especially of the muscles, but it does not diminish the loss of nitrogen. It is not, therefore, in reality, a means of saving to the economy.

True saving, in order to prevent the injurious effects of fasting, can not be brought about in higher animals, except under conditions impossible to realize: namely, inactivity and inability more or less absolute, where there is little expenditure without any work. With caffein the very opposite occurs, namely, the possibility of great work at the expense of wear and tear of the organism. The animal machine works only by consuming the combustible, and it is precisely by accelerating this combustion that caffein permits muscular labor even during fasting.

Caffein is not a true substitute for food. It simply produces the same general tonic excitation which the ingestion of food brings on. If one admits that it is the direct immediate action of the food which stimulates the stomach, and that primarily the nutritive value of food goes for nothing, then one may substitute one stimulant for another. Caffein enables a starved man to resume work by stimulating his nervous system and

thus making him live on his reserve nutrition. Far from saving this reserve, it causes it to be more rapidly consumed, and is, therefore, of temporary benefit only. —*Le Concours Med.*

Venesection in Anæmia.

In rebellious cases of chlorosis which resist treatment by ferruginous preparations, Dr. A. Wilhemi recommends venesection. He relates in an impartial manner a number of clinical histories which speak in favor of this method of treatment.

With the patient in a recumbent position, about 80 to 100 grm. of blood are withdrawn. The perspiration which usually follows must be promoted by hot drinks and increased covering. The best time for venesection is 2 days before menstruation, in case the menstrual loss is abundant, and two days after the cessation of menstruation in case the menses are scanty. If necessary, the bleeding should be repeated after from 4 to 8 weeks.

The author has resorted to the above treatment only when the amount of hæmaglobin in the blood is below normal. For he found that in hysterical or symptomatic anæmia, the effect of venesection was either nil or of but brief duration. The short time during which this treatment has been employed makes it impossible to determine the liability of a relapse of the disease, though none has occurred in cases which have been kept under observation for about one year. The improvement is usually sudden, although in some cases it is gradual. Frequently a repetition of the blood-letting is found necessary. The improvement becomes manifest by the disappearance of the symptoms, the increase of the appetite, the cessation of constipation, and the increase of the body weight. The pallor of the face, however, continues, in many cases, for some time.

Venesection is said to be also curative in certain cases of headache.—*Deut. Med. Zeit.*

Cocaine to Strengthen Labor Pains.

In order to relieve the severe pain in the back so often complained of by women in labor, Selmer injected a Pravaz hypodermic syringe full of 5% cocaine solution into the site of the pain. As a result, the pain in the back disappeared, while the labor pains became stronger. The same result was obtained also in another case. As a result of the injection there appeared in both cases severe cramp-like pains in the legs and arms. These, however, soon disappeared under vigorous friction.—*Nor. Magaz. f. Laeg.—Med. Chir. Rund.*

Auscultation of the Abdomen.

Dr. Fredericl (*Giorn. Internat. delle Scienze Med.*) has devoted much time to the auscultation of the abdomen, and finds that normally the heart sounds are only conducted as far as Traube's space.

The conduction of diffuse heart-sounds to the region of the abdomen indicates perforation somewhere in the abdomen. The author has found this to be true in 100 cases.

Blowing sounds (resembling aneurismal or heart murmurs), heard in the region of the stomach, have always discovered to the author the presence of a cancer or ulcer of the stomach, provided only the corresponding artery entered the site of the lesion. It was immaterial whether the ulcer was situated at the pylorus, or at the lesser or greater curvature.—*Med. Chir. Rund.*

Ichthyol in Diseases of Women.

Dr. Freund (*Berl. klin. W.*) reports favorably on the use of ichthyol in the inflammatory diseases of the female sexual organs. He attributes the beneficial effect of the medicine to its well known anti-inflammatory properties. In chronic parametritis, chronic and subacute perimetritis with exudation, chronic metritis, inflammation of the ovaries and tubes and contiguous tissues, erosions of the cervix, and pruritus of the external genital organs, prompt and complete cures were effected by ichthyol. Not only does the drug soften cicatrices and cause exudations to be absorbed, but it also has a distinctly pain relieving effect. It is used both externally and internally.

When used externally in suitable cases, a 5% mixture with glycerine is applied on tampons, introduced into the vagina. When more energetic treatment is desired, the use of tampons may be supplemented by rubbing into the abdominal walls equal parts of lanolin and ichthyol, or a soft soap, composed of 1 part of ichthyol and 10 parts of sapo viridis. In erosions, the pure sulpho ichthyol may be painted on by means of a brush. In pruritus, the above-mentioned salve, or a 10% aqueous solution may be employed.

Internally the drug may be given in doses of grm. 0.10 three times a day in pill form. After a few days this dose may be doubled. Suppositories composed of grm. 0.05 to 0.20 of ichthyol and sufficient amount of cocoa butter can also be employed.

During the internal administration of the drug, increased appetite, improvement of the general health and regularity of digestion were particularly noticed. No evil effects were ever experienced. Cumarin corrects the evil odor of the medicine.

Freund states plainly that we must not expect to cure all cases with ichthyol alone. Treatment by means of the latter must in many cases be regarded as only preparatory. When it does not have the desired effect it must be replaced by massage and electricity.—*St. Peters. Med. Woch.*

A New Specific for Malarial Fever.

Dujardin-Beaumetz reports to the Academy on the results obtained by the use of panbotano, which Dr. Valude lauds as a new specific for malarial fever. The tree

which furnishes this new drug is cultivated in certain parts of Europe, and belongs to the family of leguminosa.

M. Vaulde has employed an infusion of 70 gr. of the bark in one litre of water. He cites 15 personal cases, besides many borrowed from other authors. In most of them 70 gr. of the bark was sufficient to cause complete disappearance of malarial intoxication.

The bark is known to contain tannin, but its alkaloid has not yet been isolated.—*La France Med.*

Treatment of Bubos.

In the *Lyon Med.* Cordier gives a method of treating bubos which, after numerous trials, has given him the very best results.

As soon as œdema of the skin indicates the presence of pus a puncture is made with a narrow-bladed bistoury. Blood and stringy matter will issue from the cut. Now, without any pressure, which is always very painful, Cordier injects about a cubic centimeter of a (1 in 50) nitrate of silver solution. Without investigating whether the solution flows out again or not, the author now applies an iodoform dressing secured by a spica bandage.

A cure is effected in two or three days. No pus flows from the wound; the bubo disappears, leaving a hard nodule, formed rather by the indurated cellular tissue than by remnant of the gland.

When the bubo is punctured at a period later than above indicated, it becomes necessary to attend more carefully to the washing out of the pus. To accomplish this, the first injection must be made to escape, and then a second one made which is allowed to remain. In the latter instance a cure is brought about in the following manner: An inflammation starts up, which produces on the following day an abundant flow of pus. If the wound has closed up a new puncture must be made in order to facilitate the discharge of the pus. Suppuration continues thus for three or four days. Afterward the discharge becomes serous, and then the orifice will close without leaving even a scar behind. Occasionally, after some days there will again appear a fluctuating point containing some serous fluid. This will, however, be reabsorbed, if not interfered with.

It makes no difference as to the time required for a cure whether the bubo is chancroidal or inflammatory. —*Jour. de Med. et de Chirurg.*

Treatment of Syphilis by Calomel Plaster.

Most of the methods of administering mercury present, in certain cases, serious inconveniences. To overcome these inconveniences I have devised a method which is both efficacious and easy of application. It consists in placing a plaster of calomel over the region of the spleen. The formula for the plaster is as follows:

℞	Emplastr. diachylon, -	3000
	Calomel, - - - -	1000
	Ol. Ricini, - - -	300

The skin is first washed with soap in order to promote its function. Then a square decimeter of the plaster is placed over the site of election. This is left in place for 8 days. No plaster is then applied for 8 days, and then another plaster is applied, which, again, is left on 8 days, and so on. After the plaster has been in situ for 4 or 5 days, mercury will begin to appear in the urine.

The amount of mercury excreted by the kidneys will increase, until it reaches its maximum on the 8th to 11th day.

If the treatment is discontinued on the 12th day, mercury will continue to appear in the urine for a month or six weeks. By the above method of treatment, I have obtained as good results as by giving mercury per os or hypodermatically. Under its use, I have seen the manifestations of secondary syphilis speedily vanish.

By applying a square decimeter of the plaster for 8 days and then intermitting for 8 days, it is possible to prevent even slight salivation. By doubling the size of the plaster, slight salivation may be obtained, but there never occurs anything beyond a benign stomatitis.

We may say, then, that the calomel plaster is a perfectly harmless but yet efficient method of administering mercury.—Dr. Quinquand, in *Bulletin Med.*

The Hygiene of Infants—A Prize.—The Paris Academy of Medicine has just opened to competition a prize of the value of 1,000 francs for the best work on the hygiene of infants. The following is the question proposed: To determine what are, in the artificial feeding of infants, the value and the effects of raw milk, warmed or boiled milk respectively. The papers, which should be written in French, the other academical rules being observed, are to be forwarded to the Academy before March 1, 1891.

Capillary Puncture of the Intestines in Intestinal Obstruction.—Demons, Trans. French Surgical Congress. *Archiv. gen. de Med.*, November, 1889. The author recommends puncture of the intestines in certain cases of intestinal obstruction where medical treatment has failed, and when the diagnosis is doubtful, or where the surgeon hesitates from any reason to perform laparotomy. In these cases it is easy to give exit to intestinal gases, and very frequently the resulting reduction of tympanites permits of the diagnosis of a previously undiscovered abscess or neoplasm. M. Demons uses a Dieulafoy's syringe. The method is said to be in common use in England, with this difference, that here a large needle and aspirator are employed. Several successful cases are recorded.

WEEKLY MEDICAL REVIEW.

BRANSFORD LEWIS, M.D., EDITOR. W. C. MARDORF, M.D., ASSOCIATE EDITOR.

Communications relating to the literary part of this journal should be addressed to the editor, at 1006 Olive Street.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, JUNE 21, 1890.

EXPRESSION OF THE PLACENTA.

Crede's method of expressing the placenta is an operation which has been from time to time the subject of much discussion, and though its application is at the present time very wide spread, there are in certain quarters very warm differences of opinion as to its real value. The New York correspondent of the *Atlanta Med. and Surg. Jour.* discourses on this subject in a very interesting manner. He gives Crede the credit of introducing this method to the scientific world, but denies that the idea was original with him, and in support of this he instances the fact of its employment among some uncivilized nations, and even among some of the lower animals, laughable as this may seem at first sight. One of Barnum's elephants gave birth to a calf some years ago, and as the placenta did not come away of itself, she placed herself over the short post to which she was fastened, and by bearing down on it with her weight she expressed the placenta from the vagina. He declares that the report that Crede has abandoned the method is untrue, and gives a short abstract of Prof. Lusk's views on the subject as stated in a paper recently read by him. He believes the best plan to be to wait fifteen or twenty minutes until the placenta has descended into the lower segment of the uterus, and then to make firm pressure during a pain in the line of the axis of the superior strait. Roughness should always be avoided. Lusk believes that if the procedure is properly conducted there is no ground for the objections that are sometimes raised against the method, in that it is said to entail risks of septicæmia from retained membranes, together with greater liability to hæmorrhage. When the placenta has reached the vulva the membranes should not be drawn upon while the uterus remains hard. It was stated that Crede's direction was to press toward the hollow of the sacrum, so as to flatten the uterus, rather than press it downward. In closing, Prof. Lusk remarked that he was able to effect a delivery in almost every case after three or four attempts during as many pains. If this was unsuccessful he would then introduce his hand.

AN EVIL OF EMBALMING.

Embalming of the dead, or the process which is dignified by that title, whether it deserves it or not, is a custom which has become very common, and, in fact, almost universal. It usually consists in injecting a quantity of fluid into the abdominal cavity and pouring as much as possible into the mouth and the nostrils. Some undertakers also open a large artery and inject into that. One evil which this custom has brought about is that it renders very difficult the tracing of criminals in cases of corrosive poisoning. Most embalming fluids contain large amounts of arsenious acid, zinc and mercury, the latter usually in the form of corrosive sublimate, and in cases of poisoning by any of these drugs the crime would be rendered difficult of proof, if not of discovery. The *Bost. Med. and Surg. Jour.* contains an article on this subject by Thomas M. Durell, M.D., in which a case is reported, illustrating this evil. A young woman was supposed to have died of arsenical poisoning, but the body was embalmed immediately after death, without allowing the opportunity of a post mortem examination. It was afterward shown that the woman had undoubtedly suffered from arsenical poisoning, but on account of the presence of this drug in the embalming fluid, the case was very much complicated, so much so that it was not thought advisable to carry it any further, but on the contrary to let it drop. Dr. Durell believes that this is only one of many cases in which the ends of justice are defeated by this so-called embalming process, and suggests as a remedy the enactment of a law which shall read somewhat as follows: "Nobody shall be embalmed, nor shall any fluid (embalming, etc.) be used on or about the body until the physician's certificate be approved by the Board of Health."

The same provision should also be made to include cremation, but in this case it would not be so necessary, for here the danger of concealing crime is so apparent as to insure great caution in issuing and approving burial certificates.

A CURIOUS CASE OF APPENDICITIS.

Dr. George H. Monks reports a case of appendicitis in the scrotum, occurring in a child, æt. 13 months, in which the diagnosis was, as may be imagined, rather difficult until an operation revealed the true state of affairs. The child had a swelling of the right side of the

scrotum, anteriorly, extending a short distance on to the abdomen. It was most prominent midway between the external ring and the scrotum, and was very sensitive to pressure. The history extended two months back and pointed to hernia, but there was no obstruction. An aspirator revealed the presence of pus, upon which the swelling was freely incised, but without giv-exit to any more pus. A poultice was then applied and assisted in materially reducing the inflammation, but no new facts of diagnostic value were revealed. Upon operation, some two weeks later, there was found to be a hernia of the vermiform appendix, with chronic inflammatory induration about its tip. The appendix was amputated, the edges of the stump inverted and sewed together, and the whole returned to the abdomen. Recovery was complete, though somewhat retarded by accidental complications. The case was obscure until cleared up by the operation. At the time of aspiration there was acute appendicitis in the scrotum, and the small amount of pus present was removed by the aspirator needle; after this the acute inflammation rapidly subsided, and when the operation was performed there was nothing more than a chronic inflammatory induration about the appendix. Though the case is a rare one, that does not add anything of diagnostic value to our knowledge; it simply serves to illustrate the possibilities in such cases.

MEDICAL ITEMS.

The Modest Constabulary of an English town refused to allow a stud-horse to be taken through the streets.

Erratum.—In the Review of June 7, in Dr. Wilkins' paper on Eczema, the origin of the term was given as *ec* and *tew*, meaning "I boil out." It should have been *eczev*.

Resignation.—Dr. John Aulde has resigned his position as Demonstrator of Physical Diagnosis and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

The Pasteur Institute at New York.—Dr. Gibier of this institution reports that the number of persons admitted for treatment, in March and April, was 20, of whom thirteen were received in March.

Plush Coverings in Street Cars.—Prof. Sam'l G. Dixon, who so strenuously opposes the practice of spitting in street cars, also champions the cause of leather as against plush for covering car seats, since plush retains dust and disease germs.

Red Lanterns in Philadelphia.—By an ordinance recently passed in Philadelphia, red lanterns are ordered to be suspended in front of all houses of evil repute, as danger-signals for the unwary and the wavering. It is hardly to be supposed that this will accomplish its purpose, of stamping out the social evil, and it is useless to speculate upon the ultimate results of such a step.

Foreign Students in Paris.—A committee has been formed at the Sorbonne for encouraging foreigners to study at the University in Paris. M. Pasteur is president. It is proposed to give special facilities to foreign students immediately on their arrival in Paris.

An Improvement in Vaginal Syringes.—Graily Hewitt describes an improved nozzle for syringes, for vaginal and uterine use. Four deep grooves along the sides allow a return flow of the liquids employed. This would not occur, however, if the tube fitted firmly in the uterine neck.

The Volkmann Monument.—It is proposed by the colleagues and friends of the late Professor Richard von Volkmann to erect a monument to his memory in Halle, the place of his long and successful labors. Dr. John S. Billings, of Washington, D. C., is prepared to receive contributions from Americans.

The Tax on Cod-Liver Oil.—Druggists object, and with reason, to the proposed duty on cod-liver oil. As the supply of American oil is limited, the duty will incite parties to the production of spurious oils, for those who cannot afford to pay high prices. As this oil is a necessity to many persons, the tax appears ill-advised.

Height of English Recruits.—English army reports show that the average height of recruits is constantly diminishing. Half the recent levies are below five feet six inches, and have a like decrease in chest measurement. Those coming from country districts average several inches higher than those bred in the cities. Tailors and bakers are said to produce a specially puny race.

A Boston Sign-Board.—Mr. Anthony Comstock has visited Boston and returned home, without taking away with him a sign, six feet or more in length, which is exposed on one of the main thoroughfares of Boston and announces to the public that "Dr. ———'s French Mixture and Injection is a positive cure for all diseases of the urinary passages, whether acute or chronic," etc. —*Boston Med. and Surg. Journal.*

Precocious Menstruation.—Dr. Crivelli (*Courrier Medical*) has reported the case of an eighteen-months-old girl whose pelvis and genital organs were enormously developed. The thighs were large, the mons veneris covered with hair and the clitoris was enormous. The child was very intelligent and had a sense of shame unusual at its age. It had menstruated from its fifteenth month. Masturbation

was, in Dr. Crivelli's opinion, the cause of the condition, but both it and the menstruation were probably the result of hereditary defect. In a case reported by Cazeaux, a girl menstruated at two and became pregnant at eight. Early puberty is frequent among neurotic and otherwise degenerated families.—*Medical Standard.*

Arsenical Poisoning from Wallpaper.—It is said that Dr. A. G. Young, Secretary of the Maine State Board of Health, was recently suffering from a disease which had baffled his physicians, one of whom finally sent a sample of the wall-paper from the sick-room to a chemist for analysis. The examination revealed that the paper contained large quantities of arsenic. Since Dr. Young's removal from this room his recovery has been rapid.

Leprosy in India and South Africa.—According to the census of 1881, there were 131,618 lepers in all India. It is estimated that there must be over 200,000 lepers in that country, most of whom are at large.

It is reported that leprosy has increased to such an extent in Cape Colony, that a hospital for lepers has been founded on Robben Island near the African coast. In India legislation is urgently demanded for the suppression of leprosy.

The Illinois Association of Army Surgeons.—At the request of a number of medical men who served during the war, Dr. Jno. H. Rauch, Secretary of the Illinois State Board of Health, extends a cordial invitation to all physicians, whether practicing in Illinois or not, to be present at a meeting to be held in the Capitol, at Springfield, Ill., on June 26, for the purpose of taking steps toward the organization of a medical society for the promotion of social, historical and medical purposes.

Resorcin as an Antiemetic.—Although impure resorcin as a rule causes nausea and vomiting, the chemically pure article, according to Andeer, is the surest antiemetic that can be administered in all kinds of vomitings from the most varied causes, even in the persistent vomiting of hepatic, renal and menstrual colic, in the pernicious vomiting of pregnancy, in sea-sickness, in vomiting after overindulgence in food, drink, etc. It may be given in solution or powder in daily quantities of from 0.5–3.0 grm.—*Ther. Monatshefte.—J. A. M. A.*

The Jews in London.—The idea that Jews are as a class a healthier people and have a lower death-rate than others will receive a violent shock from recent London statistics. There are 46,000 Jews in London, and during last year one-third of them received poor-relief; one-half the Jews belonged to the regular pauper class, and one-half of all the Jewish funerals occurring in the metropolitan area were pauper funerals. Children under ten years of age made up 81% of the total deaths registered by metropolitan synagogues, while the proportion of deaths under ten among residents of the country at large is only 41%.

Some Resolutions Adopted by the American Medical Association at its recent meeting. The following was offered by Dr. Brodie, of Detroit:

Resolved, That at the next meeting of the American Medical Association the Chairman of the Committee on Arrangements is hereby instructed to have tickets prepared for admission to the first two meetings, which shall be given the member upon the payment of his annual dues, the same to be shown at the door to a person appointed for the purpose.

Resolved, That the Committee on Arrangements prohibit at the next meeting the placing of all papers and periodicals in the seats for delegates or others, whether relating to the Association or not.

The following by Dr. Hollister, of Chicago:

Whereas, Certain parties, without authority, are presuming to make use of this Association for the furtherance of advertising interests; therefore,

Resolved, That at all future meetings of the Association such publications be excluded from the places of meeting either of the general sessions or its sections.

Resolved, That in the future each Chairman of a committee of arrangements be directed to procure a copywright of the official programme to the end that the financial rights of the Associrtion may be protected by due process of law.

The following by Dr. Culbertson, of Cincinnati:

Resolved, That the following by-law be added to the by-laws of the Association: that the State and geographical district societies in affiliation at this time with this association, having a membership of one hundred or more, shall be recognized as branches of the American Medical Association.

Resolved, That all members of said societies shall enjoy all the rights and privileges now accorded the delegates.

Resolved, That the said organizations be overtured through our Permanent Secretary to take such action as will enable them to concur in these resolutions.

The following by Dr. Daley, of Pittsburgh:

Resolved, That permanent members shall be entitled to and enjoy all the rights and privileges of delegates.

The resolutions offered by Drs. Daly and Culbertson, having the function of by-laws and having for their purpose a material change in the working plan of the organization, according to the rules of the Association went on the calendar for action at the next annual meeting.

The McArthur Hypophosphite Co. appeal entirely to the reason and educated sense of the Physician in their admirable advertisement on title page. Their Syrup is a standard and reliable preparation. It is not a conglomerate mass of poly-pharmacy as some others in the market, but embodies the valuable therapeutical properties of the Hyposphites of Lime and Soda, without objectionable ingredients.

SOCIETY PROCEEDINGS.

AMERICAN MEDICAL ASSOCIATION.

Surgical Section.

Concussion of the Spinal Cord and Brain.

Dr. Watson, Jersey City, in his inaugural address, spoke on the subject of "Concussion of the Spinal Cord and Brain," basing his remarks upon 141 experiments made upon animals. In 135 of the experiments the concussive force was received on the nates, and besides other traumatisms there were 11 cases of rupture of spinal ligaments and 10 of this number occurred at the sacro-vertebral articulation, and the other between the fifth and sixth cervical vertebræ. In 6 cases there was extravasation of blood into pelvic cavity, and in 5 cases ecchymoses in the psoas muscles. In the 4 cases of fracture 2 were in the lumbar region, and he believed that the concussive force exerted the greatest potence when applied to the nates while the body is mantained erect. He viewed the subject from the standpoint of the surgeon and not from that of the alienist. The anatomy of the column,its peculiar construction,the relation of the cord and nerves to the bony surroundings were briefly dwelt upon, the important difference between the encephalon and cord described. He discussed three questions bearing on the etiology of spinal concussion: 1. Are there any cases of this morbid condition arising from concussive force in which the functions of the spinal cord are temporarily disturbed, independently of any discoverable lesions? 2. Are any of the following pathological conditions, viz.: Punctate hæmorrhage, hyperæmia, blood in the perivascular spaces of the gray matter, etc., ever produced by concussive force while the bony walls of the spinal column and the ligaments of the same remain in a normal state? 3. How, and by what sort of force, are these morbid conditions most frequently caused? The first question was answered in the negative.

In answer to the second question he stated that out of the 141 experiments, there was 46 in which pathological lesions occurred. In 20 of these post mortem examination revealed a want of continuity in the spinal column, and from the experiments he believed that pathological changes in the cord may be produced by concussive force while the bones and ligaments remain in a normal state.

Nasal Surgery.

Dr. Merril Ricketts, Cincinnati, read a report of several cases of "External Surgery of the Nose," and presented photographs showing cases he had operated upon. The causes of the various deformities were given as syphilitic, malignant, tubercular, traumatic, and congenital. He believed no operations should be done until necrosis has ceased, and in all syphilitic cases proper medicinal treatment should be used. The methods of filling in lost tissues of the soft parts were described briefly, preference being given to taking a flap from the cheek, the arm, and the forehead in the order named. He preferred silk to catgut, and advised further trial of skin-grafting from tissues taken from the lower animals.

Continuous Silk Suture.

Dr. C. L. Lewis, New York, read a paper on, "A Continuous Silk Suture for Intestinal Wounds."The method already in use by most operators present three objections: 1, They are interrupted and do not hold the surface in close and even apposition. 2. The tension of each stitch is placed upon the width of a thread and in consequence is liable to cut through. 3 (and by no means the least). The time required often jeopardizes the life of a patient.

This suture of course is recommended in suturing serous surfaces, especially the intestines.

The advantages of this suture are strength, time, facility of execution.

The doctor reported experiments performed upon ten dogs in which this suture was used. In all the cases but one resections of two thirds of the caliber of the intestine were done.

Resection of the Cæcum for Carcinoma.

Dr. N. Senn, Milwaukee, read a paper entitled "Two Cases of Resection of the Cæcum for Carcinoma, with Remarks on Intestinal Anastomosis in the Ileo-cæcal Region." His conclusions were:

1. Resection of the cæcum for carcinoma can be done with a fair prospect of a permanent cure if the operation is performed before infiltration of the retro-peritoneal and mesenteric glands has occurred.

2. Ileo colostomy with absorbable perforated approximation plates is the best method in restoring the continuity of the intestinal canal after excision of the cæcum.

3. The best material for approximation plates is decalcified bone preserved in an antiseptic solution.

4. Hygroscopic and indestructible or unabsorbable material should not be used in the preparation of approximation plates or rings, as the former may cause pressure-gangrene, and the latter may prove a source of danger by remaining permanently as a foreign body in the organ in which it has been introduced.

5. Ileo-colostomy without resection of the cæcum is indicated in cases of intestinal obstruction from inoperable carcinoma of the cæcum, irreducible invagination without perforation, or evidences of gangrene, and in cicatricial stenosis in the ileo-cæcal region not amenable to a plastic operation.

5. Scarification of the serous surfaces interposed between the bone plates is the most reliable means of hastening the formation of adhesions, and of shortening the process of definite healing.

7. Resection of the cæcum and ileo-colostomy, with or without enterectomy, should be done through a lateral incision, extending from near the middle of Pou-

part's ligament to a point half way between the anterior superior spinous process of the ilium and the umbilicus.

8. Suturing of the serous surfaces, just beyond the margins of the bone plates, renders material aid in maintaining apposition between the serous surfaces which it is intended to unite, and furnishes an additional safeguard against fæcal extravasation.

9. Anchoring of the approximated parts in the ileo cæcal region with a mesenteric-peritoneal suture, should be done in ileo colostomy, after resection of the cæcum.

Gunshot Wounds of the Abdomen.

Dr. David Barrow, Lexington, Ky., read a paper with this title. He reported two cases which, with cases already reported, makes six laparotomies he has done for gunshot wounds of the abdomen, with four deaths and two recoveries.

Case 1.—Male, æt. 15 years, shot in abdomen February 8, 1890, at 7 p.m., by a 32-calibre ball. Operation at 11 p. m. Wound was one inch and a half to left of and in line of umbilicus. Symptoms were shock, vomiting, hard and retracted abdomen, pulse rapid and weak, lower extremities flexed, and pain severe. A four inch incision made in linea alba—first made and then enlarged to six inches, as more room was needed. six perforations of gut were found, four in small and two in large intestine, which were closed by the Czerny-Lembert suture, using fine intestinal silk, and in one of perforations of large intestine, on account of the great bruising, stitches were reinforced with omentum. Irrigation copious and thorough—glass drainage-tube used. Incision closed with silk. Duration of operation, one hour and a quarter. Recovery.

Case 2. Male, æt. 13 years, wounded by a 32-calibre ball at 4 p.m. Operation at 8 p.m. Wound was two inches to right of and one inch below umbilicus. A probe was passed into the cavity; no shock, nothing indicating serious injury. A four inch vertical incision, including bullet-wound, made, and it was found that ball had passed downward to the right. Five perforations were found, two in ileum, three in cæcum, which were sutured by the Czerny-Lembert stitch with fine silk. Irrigation with boiled distilled water. Duration of operation, half an hour; no shock after operation; no drainage. Patient did well for two days, then developed septic peritonitis and died at the end of three days. Post-mortem demonstrated all perforations completely closed; omission of drainage, probably, was the cause of peritonitis and subsequent death.

From an analysis of 112 laparotomies for gunshot wounds of the abdomen, the following conclusions were drawn:

1. Gunshot wounds of the abdominal cavity should invariably be treated by laparotomy. With the operation the mortality is 66.27 per cent; without the operation more than 90 per cent die.

2. It will be safer to always open promptly and cleanse the peritoneal cavity, even should the viscera escape injury.

3. Symptoms are unreliable, and the surgeon should never wait for them if the ball has penetrated the cavity.

4. In every instance mentioned, when the operation has been greatly prolonged the patient died.

5. In extreme shock, rather than occupy much time in suturing the perforations, adopt the open peritoneal treatment, and trust to irrigation and drainage.

6. In destructive wounds of the intestines lateral anastomosis promises better results than exsection.

7. By utilizing omentum sometimes extensive wounds can be closed without too much diminishing the lumen of intestine.

8. In liver wounds the hæmorrhage must be controlled and peritoneal cavity cleaned.

9. The kidney must be removed if wounded and bleeding.

10. The hydrogen gas test is only of use in demonstrating the closure of all the perforations, and should be used just before closing the abdominal incision.

11. Irrigation should always be copious and thorough. It is the best treatment for shock, diminishes the thirst, and is the best means of guarding against peritonitis.

12. The drainage-tube should rarely be left out.

The Radical Operation for Hernia in Infancy and Early Childhood.

Dr. Thomas H. Manly, New York, read a paper on this subject. He gave the histories of seven operations for radical cure of hernia performed within the past four mouths, in and out of hospital, on patients from two weeks of age to seven years; the number was so small and the time so short that it was scarcely possible to state as to the permanency of the cure. However; he said that as all his patients rapidly recovered from the operation in less than half the time required in adults, and as in none could a truss be worn, he felt justified in operating. He said that though the major portion of hernial cases recovered under the truss in childhood, yet they almost invariably returned later. In four of his cases the herniæ were of congenital variety, and the testis with the intestine or omentum were adherent, and no truss of any kind was of any use. He ridiculed the pretensions of those who condemned operations for the radical cure of hernia because of relapses, for he said that, exclusive of traumatisms, most all surgical operations were followed by a relapse of the condition for which the original operation was performed. He said no special operation could be advocated for all cases. The surgeon must be guided by the conditions existing and adapt his technique accordingly. Owing to the fact that in the first year of life the infant is constantly in a prone position, such as is favorable to thorough solidification of the wound and to the changes of anatomical evolution occurring in early life, he strongly advised doing the operation at

the earliest possible period after the protrusion was discovered.

Persistent Priapism.

Dr. W. T. Briggs, Nashville, showed a patient who had suffered during the past year with constant priapism which no treatment had relieved. No cause was known for the trouble and all other functions of the body were normal. Sexual intercourse only aggravated the contition, made him irritable, and did not relieve the priapism. The doctor asked for advice from any member of the section, but all methods suggested had been previously tried.

The Value of Urethroscopy.

Dr. J. B. Deaver, Philadelphia, read a paper on "The Value of the Leiter Incandescent Lamp Urethroscope in the Diagnosis and Treatment of Chronic Urethral Discharges." He described the instrument, which is made in three pieces, the handle, the lantern, and the urethral cannulæ or tubes. Owing to its simplicity it rarely got out of order, the only part needing replacing usually was the lamp, which soon became blackened, and could be changed by simply removing the handle and loosening the two small screws holding the lamp. Drawings were shown illustrating the lamp, and the different forms of batteries to be used mentioned and preference given to the Grenet or plunge battery.

The use of the instrument was most satisfactory with patient in the recumbent position on a table or couch of considerable height, with the knees bent over the edges and slightly separated. The largest possible tube should be used and great care taken not to induce bleeding, thus obstructing the field of vision.

The normal condition of the urethra as seen through the instrument was then described, and Otis' views endorsed that in most cases of gleet more than one stricture was was present. By the use of the instrument the following varieties of chronic urethritis could be made out:

1. Simple chronic urethitis.
2. Follicular urethritis.
3. Ulcerative urethritis.

Rarely were two of the above conditions met with in the same case, and without the aid of the urethroscope the exact pathological condition which is keeping up the discharge cannot always be made out.

Four cases were reported and drawings shown of condition of urethra as seen through the instrument, and especial attention called to some causes of failure in curing cases of stricture operated upon by divulsion and which he believed to be an argument in favor of internal urethrotomy, namely, tabs or teats of mucuous membrane which have been separated at the time of divulsion; and by bougieing, the usual after-treatment, the union of these tabs to the surface from which they were torn is prevented.

Supra-Vaginal Hysterectomy.

Dr. Howard Kelly, Baltimore, read a paper upon "Supra-Vaginal Hysterectomy, or Hystero-myomectomy, with Suspension of the Stump in the Lower Angle of the Wound." He limited the operation to cases conceded most favorable for operation—those in which there exists naturally, or in which it is possible to form, a pedicle below the tumor masses, and not atypical cases, in which pan-hysterectomy is called for. The question of the best method of forming a pedicle when the broad ligament is choked with fibroid masses was also discussed. Operation was described as in seven steps.

1. Long incision in linea alba, necessary to deliver the tumor from the abdomen.
2. Elevation of tumor until pedicle is brought into view—tying the broad ligament structures until a pedicle is formed and rubber ligature applied.
3. Cutting away the tumor above the rubber ligature by first splitting the peritoneum high up, and then cupping out the upper face of the stump.
4. Closure of raw face of stump by uniting the opposite sides by a continuous buried suture of catgut drawn tight to check hæmorrhage.
5. Cutting away the rubber ligature and securing any bleeding points.
6. Closure of abdominal incision down to the stump.
7. Dressing the wound. This was done by packing under the edges of the skin over the now suspended stump some antiseptic gauze; then over the whole a large square of gauze, in which there is a small slit, is placed, and then the long ligatures uniting the peritoneal lips of the stump are pulled through and and grasped in the bite of a pair of long Keith's forceps laid horizontally to the body.

The advantages claimed for the operation were: Hæmorrhage is not dangerous when it occurs, as it is under control, and sepsis cannot get into the abdominal cavity, and the facility of attaching the pedicle in the the lower angle of the abdominal wound, especially if short.

Fractures in Children.

Dr. Edward Martin, Philadelphia, read a paper, the result of a critical study of over 1,000 cases of fracture in children under 12 years of age. He stated that, contrary to general authority, fractures of the radius were most frequent, and that of these, Colles' fractures were not so commonly found as in adults; next in order of frequency came fractures of the humerus, then fractures of clavicle and femur.

Fractures in children were peculiar in the fact that there was usually little or no displacement, due to thickened periosteum and slight muscular power. Greenstick fractures were always due to rupture of bony fibres, except in cases of rickets, when true bending might take place. Epiphyseal fractures were exceedingly rare, though injury near the epiphyseal line was common.

Diagnosis at times difficult. Treatment must be such

that the patients could not escape, yet they could not be applied tightly. Prognosis always good.

Peroxide of Hydrogen.

Dr. Robert Morris, New York, read a paper on "The Peroxide of Hydrogen." He urged strongly the use of this material in all cases where pus was present, and believed it superior to any other drug or compound for this purpose. He had used it largely, and with the most gratifying results.

Early Abdominal Section.

Dr. J. G. Carpenter, Stanford, Ky., read a paper entitled "A Plea for Early Abdominal Section in Intestinal Obstruction."

He believed the best time to operate was as soon as the diagnosis was made, and before complications set in, and quoted the views of many surgeons to support the above. He advised the use of Senn's test, and condemned the use of opium in cases of intestinal obstruction. He believed that by Senn's intestinal anastomosis, lateral implantation, intestinal exclusion, and Senn's modification of Jobert's operation by circular enterorrhaphy, the mortality of intestinal obstruction would be lessened in the future.

Election of Officers.

The following officers for the ensuing year were then elected: Dr. McGraw, Detroit, *Chairman;* Dr. J. B. Deaver, Philadelphia, *Vice-Chairman;* Dr. W. A. Davis, Alabama, *Secretary.*

The Management of Major Amputations

was the title of a paper by Dr. J. G. Wyeth. He believed the chief point to be looked after was the prevention of hæmorrhage, and next the preservation of as much of the length of a limb as possible. The question of antisepsis and operation during shock was briefly discussed, and two new methods of operation advised:

1. Bloodless amputation of the hip.
2. Bloodless amputation of the shoulder.

Diagrams were presented showing the different steps of the operation at the hip. The patient should be placed on the edge of the table, the hip to be operated on well over the corner of the table—Esmarch bandage applied. Then two steel mattress-needles, $^3/_{16}$ of an inch in diameter and a foot long, are inserted, the first $1\frac{1}{2}$ inches below the anterior superior spine of ileum, and slightly to inner side of this prominence, traversing the muscles and deep fascia, passing out posteriorly between the great trochanter and the iliac spine, external to neck of femur.

The second needle is entered below the level of the crotch, internal to the saphenous opening and passing through the adductors, coming out about $1\frac{1}{2}$ inches in front of tuber ischii. Strong rubber tubing is now wound around the thigh, and above the fixation needles slightly tied. After romoving the Esmarch, a circular incision is made, and a cuff, including subcutaneous tissues, down to the deep fascia is dissected off to the level of the lesser trochanter, at which level the muscles are cut and the bone sawn through. All vessels are easily seen and are tied with catgut. The remainder of the femur is then removed by dividing the attached muscles and ligaments in and around the hip-joint.

In some cases it is advisable to do the operation in two sittings.

The same operation was advised for the shoulder-joint. To preserve the length of limb after osteomyelitis, drainage-tubes were used, passed into the medulla after the latter had been thoroughly scraped out with a Volkmann's spoon, and thus a longer stump was secured.

Abdominal Section and Drainage for Purulent Peritonitis

Was the title of a paper read by Dr. Joseph Price, Philadelphia. He urged operative interference in all cases as soon as the diagnosis was made.

Surgical Treatment of Biliary Obstruction

was read by Dr. H. O. Marcy, Boston. The article was a very exhaustive one, the literature of the subject thoroughly reviewed, and the various methods of operation discussed. He believed every case of wound or perforation of the gall-bladder should be operated on; also cases of empyema, cystic dilatation, and biliary obstruction that do not yield to medicinal treatment.

Cholecystotomy was indicated in cases where the gall-bladder and the ducts have undergone much pathological changes. When the gall-bladder is resected the entire secreting membrane must be removed.

When a stone is found in the common duct it may sometimes be dislodged by pressure. When this is impossible, crushing may be done. If this fails it should be removed by incision into the duct. He advocated the use of kangaroo tendon for sutures. When the common duct is permanently occluded, from inflammatory or other changes, the cystic duct remaining open and gall-bladder not particularly disorganized or adherent, a permanent fistulous opening may be made. In performing cholecystotomy it is well to remember that gall-bladder walls are very thin, and manipulation must be gentle.

The paper was discussed by Drs. Senn and Deaver.

Gunshot Wound of Brain.

Dr. J. Lee McComas, Oakland, Md., read a paper on "Gunshot Wound of the Brain—Recovery, with Ball remaining therein." W. C——, male, æt. 16 years, shot September 29, 1889; cartridge a 22 short; three grains of powder; weight of ball twenty-eight grains; shape conical. Ball entered a little below the internal end of right arcus superciliaris, passing through the frontal sinus downward and backward to the left as indicated by probe. Considerable hæmorrhage. Three hours later was insensible, pupils dilated, vomiting at intervals, blood in right nostril. Temperature, 79.4°F.; pulse, 52; respirations, 22; pulse irregular,

extremities cold. His condition remained critical for many days, but he finally recovered. During this time his symptoms showed that Broca's speech-centre and the island of Reil were injured by the ball, as he had aphasia; and though he understood everything said to him, and made efforts to reply, he could not regulate his speech movements, and was painfully conscious of his defects, as was expressed by crying and becoming angry if questioned or asked to repeat anything. He also had paraphasia, for when he could speak he uttered such words as kame for comb. Nor could he write the alphabet, but always made letter B, and realized his error if attention were called to it.

He has had ptosis, strabismus, and dysphagia in addition, and just how many of these were due to the bullet, and how many to extravasated blood, cannot be positively said, but probably most were due to the latter cause. He is now well, only more irritable than before injury; works as a painter at great heights, and says he never feels giddy; mouth is slightly drawn to the right, tongue also, eyes act normally, sight is perfect; he can read and write.

Treatment of Flat Foot by Thomas' Method.

This paper, by Dr. W. R. Townsend, New York, was based upon a series of over 50 cases treated by the method during the past two years at the Hospital for Ruptured and Crippled, New York.

The method consisted in building up the inner side of the shoe from extreme back end of heel to a point just behind great toe—the raised portion being from ¼ to ½ inch, varying according to the age of the patient and severity of the case. Symptoms of flat foot were briefly given, and the conclusion reached that the method could be used to advantage in cases where the spasm was not a marked symptom. In these cases it gave no relief and could not be tolerated by the patient as a rule. Its advantages were cheapness, simplicity, and success if used in proper cases. It relieved or improved the symptoms, but could not be said to cure the cases, as in none of those so treated was the normal arch ever restored.

Dr. Bell, Indiana, made some remarks upon intubation of the larynx.

The following papers were read by title:

"Fractures of the Base of the Skull," by Dr. H. C. Wyman, Detroit.

"Abscess of the Prostate Gland," by Dr. H. C. Hart, Philadelphia.

The Section then adjourned, after having passed a vote of thanks to the presiding officer, Dr. Watson, Jersey City.

Section on Diseases of Children.

Dr. I. N. Love, President; Dr. E. F. Brush, Secretary.

A paper by Dr. W. C. Wile, Connecticut, entitled

The Value of Sulfonal in Children's Diseases.

was read by the President, the author being unable to attend on account of sickness. It is said that sleep produced by this drug was long continued and profound, and no bad effects followed its use.

The Value of Atropia in Enuresis

was the subject of a paper by Dr. R. B. James, New York. The author took the ground that the benefits derived from the use of atropia are only temporary and cited many cases in support of his argument.

Dr. William Perry Watson, New Jerseys, said that of thirty cases in his experience in twelty-seven cases marked results had been attained and in the other three relief had been noted.

Dr. H. A. Hare, Pennsylvania called attention to the fact that atropia or belladonna treatment was necessary in order to ascertain if the symptoms arose from urine that was too acid or in too concentrated condition, and the latter was apt to be the case when the child was denied the use of liquids at bed time. In enuresis, due to peripheral irritation, atropia had been given with success.

Drs. Cummings, Connecticut; Lewis, Illinois and Boyd, Indiana, also gave their experience with the use of this drug.

An interesting paper on

The Use of Commercial Milk Sugar in Infant Feeding

was next read by Dr. E. F. Brush, New York. That gentlemen said that literature on this subject was conspicuously absent. He also alluded to Routh, who recommends milk sugar because it undergoes fermentation less rapidly than cane sugar. This statement had been reported by nearly every one, and according to the author would be against any article of food, because any substance that spoils quickly will also digest quickly. He called attention to a notable fault in physiological chemistry, that it makes no distinction between a substance existing in its natural condition and the same substance eliminated or isolated by chemical means. Sugar or milk in that fluid is all assimilated, while milk sugar of commerce that is added to infants' food is eliminated both by the kidneys and bowels. This was demonstrated by many experiments. He also showed that it was impossible to destroy milk sugar by the known forms of fermentation. When sugar was necessary in infant feeking cane sugar was to be desired.

Acute Rheumatism in Children

was the topic of a paper read by Dr. Frank S. Parsons, Massachusetts. He said that follicular tonsillitis and rheumatism bore a close resemblance to each other in reference to weather conditions favorable to the development of either. He believed that in endocarditis, blistering should be avoided, while in pericarditis local depletion was beneficial. Nitrogenous food was recommended for diet.

The paper was discussed by Drs. Newcomb, New York; Lewis, Illinois; O'Brien, Pennsylvania and Vincent.

FEEDING THE YOUNG

was the subject of a paper by Dr. O. S. Phelps, California, read by Dr. Ephriam Cutter, New York. He had had indifferent success with the various prepared infants' food on the market and did not believe in feeding sugars and starches to children. Those who had taken such were always improved by their discontinuance. He recommended sterilized milk and lime water.

The discussion of this paper was participated in by Drs. Boyd, Indiana; Cummings, Connecticut; Brush and Newcomb, New York; Woodbury and Wood, Pennsylvania and Dixon, Kentucky.

SECTION ON MEDIAL JURISPRUDENCE.

At the second day's session of this section the question of the medico-legal aspects of abdominal section was discussed.

DR. DAVID YANDELL, had a paper before the meeting, although he was not present, in which he advocated the most advanced methods. He thought when a patient was suffering from an abdominal trouble, the nature of which medical science could not determine, it was permissible to cut into him and find out.

DR. WM. WARREN POTTER, Buffalo, N. Y., read a paper on

WHAT IS THE MEDICO-LEGAL STATUS OF THE ABDOMINAL SURGEON?

He thought that the surgeon who performed surgical operations on the abdomen had a great responsibility upon him, and that such operations should be undertaken by the trained man of great experience.

In the discussion which followed, Dr. Moyer, Chicago, cited an instance where a doctor had been made to suffer for his mistake. The court, said he, could not determine the actual responsibility.

DR. KERNAN, Chicago, said that before the delicate operation was performed a physician should require that an indemnifying bond, in case a suit might follow, should be required.

DR. MCINTIRE, St. Louis, favored the new system. He thought men's lives had been saved by it.

DR. CRAWFORD, Pennsylvania, said there was need of greater care and discrimination in these delicate operations.

Continuing the theme, Dr. B. T. Shimwell, Philadelphia, read a paper

THE RESPONSIBILITY IN CASES OF INTESTINAL OBSTRUCTION.

DR. HENRY O. MARCEY, Boston, read a paper on

SOME REASONS WHY THE LAPAROTOMIST SHOULD CONSIDER THE MEDICO-LEGAL ASPECT OF ABDOMINAL SURGERY,

and the concluding paper,

THE LEGAL RESPONSIBILITIES OF SURGERY OF THE ABDOMEN,

was read by Dr. Thos. H. Manly, New York City.

After a brief discussion, following the last paper the section adjourned.

The general sentiment of the meeting was that laparotomy was of vast use in the profession, and that by its judicious practice many lives were saved, but that it should only be resorted to by the skillful and then only when absolutely necessary.

ABSTRACT OF THE ADDRESS ON DIETETICS.

E. A. WOOD, M. D., Pittsburg, Pa.—There was no body before whom the question of dietetics could be discussed so properly as before the leading assemblage of physicians of America. He thought that the physical defect of so many Americans in possessing bad teeth or none at all was due in a great measure to the kinds of food given children. He thought they should be given food that required mastication, thus developing the gums, teeth and salivary glands. The practice of giving children too much liquid food caused narrow jaws, weakened gums and marred physical beauty. Again, the small, thin jaws consequent upon a liquid diet did not furnish room to accommodate the teeth, even were the blood supply sufficient. It was like two stalks of corn growing in one hill in such a way that the one would crowd the other. There was more decay of teeth caused by an insufficient blood nourishment than from any injury or defect of the enamel. The average American business man relegates the matter of diet to the cook, and the study of the cook seems to be to provide as indigestible food as possible, food that must be washed down by coffee or some other fluid, and thus prevent a flow of saliva. Bad results can but follow.

Mastication is the important point. No matter how a man may diet himself he cannot overcome the evils of an improper diet when a child, and we are confronted here with an evil that strikes at the very life blood of the nation. If the proper care were taken of the diet of children we would be physically the strongest people on earth.

He appealed especially to the physicians to stand by the children and see that their birthright was not bartered away for a mess of pottage or other soft food. If the doctors will do this and the nation will adopt their suggestions our people will surpass in physical development and in personal beauty the ancient Greek. The Greek had Olympus for his oracle and war for his pursuit. The American has science for his oracle and peace for his pursuit, and hence possesses the advantage.

The doctor concluded by citing the instance of the perfection attained by the American race horse, and that precisely the same principles used rearing horses might profitably be applied to raising children; and that the children would possess supremacy in a corresponding degree.

SOCIETY NEWS.

MOBERLY MEDICAL SOCIETY.

On June 10th, the District Medical Society, of Moberly, met at the Florence Hotel parlor, Dr. J. H. P. Baker, of Clifton, Mo., President, and Dr. E. H. Hickerson, of Moberly, Secretary. The following members were present: Drs. A. E. Gore, J. E. Welch and G. O. Cuppaidge, of Monroe County; Dr. Milam, of Macon; Dr. A. W. McAllister, of Columbia; Drs. G. M. Dewey, C. T. Holland and J. D. Brummell, of Charlton; Drs. N. M. Baskett, W. A. Rothwell, W. W. Vasse, J. R. L. Clarkson, M. C. Williams, J. C. Ridings and Thomas Irwin, of Randolph. Interesting papers were read by Drs. Cuppaidge, Welch and Tedford.

Dr. A. W. McAlister presented an interesting case which was examined by all present.

The following officers were elected for the ensuing year: Dr. Brummel, of Charlton, President; Drs. Welch, Ridings, Hawkins and Wright, Vice Presi dents; Dr. U. G. Iles, Recording Secretary; Dr. S R. Johnson, Corresponding Secretary; Dr. W. A. Rothwell, Secretary. The meeting adjourned to meet Tuesday, October 14, at Moberly.

The American Association of Superintendents of Insane Asylums met in regular session at Niagara Falls, June 10, 11 and 12.

The Grand River Medical Society met at Chillicothe, Mo., June 2, with a large attendance from the eight counties from which its membership draws.

LITERARY NOTES.

The Electric Light, and The Storing of Electrical Energy. By Gerald Molloy, D.D., D. Sc. Numerous illustrations. Price 15 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

This number of "The Humboldt Library of Science" contains much information on a subject of supreme importance to the present generation. Dull, indeed, must be the reador who would fail to be instructed by the abundance of facts and wealth of illustrations here presented.

The Modern Theory of Heat, and The Sun as a Storehouse of Energy. By Gerald Molloy, D.D., D. Sc. Price 15 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

This work is equally as interesting as the preceding one by the same author, and is gotten up in the same style.

SELECTIONS.

SICK HEADACHE.

BY WILLIAM H. MAY, M.D.

One of the most common and most distressing of human ills is headache. Some individuals have an inborn tendency to this complaint, and neuralgia in its various forms is among their most frequent afflictions—that located in one half of the head is the most common of all. Sick headache is in reality a form of neuralgia. It is entirely independent of any disturbance of digestion, although generally considered to have its origin in some defective action of the stomach; and it is true that its symptoms are often aggravated as a result of errors in diet. The first attacks occur during the period the body is developing, and it seldom shows itself for the first time late in life. At first it may be noticed that the pains are confined to one side only, but as the attacks gain frequency and severity, it is apparent that they are limited to the distribution of one nerve, or a single branch of it, generally in one eye or half the forehead. It is possible for both sides to be affected at once or in alternation, but these cases are rare.

There are two well marked varieties of this disorder which differ in symptoms and methods of relief, and are known as the congestive and the anæmic forms. The so-called bilious headache may exist with either.

The congestive variety is a very frequent affection, especially among those who overtax the brain and take too little out-door exercise; and its most prominent symptom is insomnia, indicating cerebral congestion. Even when the pains are not severe it is generally felt most of the time. It may be so intense that the sufferer is unfit for any mental or physical exertion, or it may be only a dull ache which is extremely annoying.

In the anæmic variety the cause is a deficiency in the amount of red globules of the blood, as shown by the paleness of the face and lips. The pain is situated in the higher parts of the head and forehead. There is a tendency to faint on prolonged exertion, or sudden shock to the feelings, such as frights, etc. Sometimes it is of the peculiar character described as hysterical.

In either variety of this affection, we find that if the pains last long and are intense, nausea and vomiting are certain to occur. The pain is at first made worse by the efforts of nature to relieve the stomach, but these mark the worst period of the attack, and are followed by relief and sleep. When the patient awakes the pain is generally absent, but if the attack has been a severe one, there is a feeling of soreness and tenderness over the skin of the parts affected, and this may last for a day or two. The attacks may begin with a chilly sensation, yawning and sighing, like the beginning of a malarial attack, but the other signs of malarial poison are absent, and the remedies that control ague do not cure sick headache. Many patients of this kind see peculiar appearances of light before the eyes that have

no existence in fact, and are known by the victim to be symptoms of the coming headache after he has experienced them a few times. These are fiery circles or sparks, or a spiral glimmer seems to present itself to the vision. In congestive headache we find the affected side of the face is reddened, hot, and manifestly more full of blood than the other side. The white of the eye is reddened, the tears are secreted more abundantly, and the pupil on that side is contracted. The pulse may be remarkably slow in this form, running as low as forty-five beats per minute. In the other variety, we find the affected side of the face is cold, pale, and shrunken, the pupil of the eye dilated, the eye itself being sunken, and coughing, sneezing, etc., increase the pain. If pressure be made upon the carotid it also increases the pain, while in the first variety the effect is exactly the reverse. As the attacks pass off, the face resumes its natural appearance. This disease may continue to appear in paroxysms during the entire lifetime, but the attacks are further apart and less severe after the period of middle life is passed. The duration may vary from a few hours to several days. The intervals are usually free from pain, and the prospects of permanent cure are not very good, as the treatment of sick headache has as yet never produced many brilliant results. This is especially true where there is a distinct history of a hereditary nervous tendency existing in the ancestry. Many cases can be helped only temporarily. In the congestive variety ergotine is sometimes very efficacious. The bromides are also invaluable in the treatment, especially bromide of lithium, which will produce sleep and rest to the brain in smaller doses than the others. Ice applied te the nape of the neck, abstinence from alcoholic liquors and tobacco, exercise in the open air, etc., are also indicated. In the anæmic form, nitrate of amyl in small and frequent doses will often cut short an attack, to be followed by the administration of ferruginous tonics. The galvanic form of electricity sometimes relieves, and if continued for a time may effect a cure. But there is a vast deal claimed for this agent by its enthusiastic advocates that cannot be verified by the most competent operators who are not carried away with a monomania on the subject. Cannabis indica given persistently produces a cure in some cases. Inhalation of chloroform and ether are too dangerous to be intrusted to the sufferer for self-administration. The same can be said of chloral, cocaine, and the various forms of opium, such as morphine, etc., as their continued use may lead to the formation of habits destructive to both mind and body. Caffeine, the active principle of tea and coffee, is a safe and efficacious remedy for the patient to use. In its combinations with other chemicals it usually moderates the attack at once, and may cut it off entirely if taken early. The hysterical headache, in which the pain is confined to a very small point, such as can be covered by the tip of the finger, can be relieved in the same way as the others by application of similar remedies; but in attempting to produce a permanent cure, the treatment should be that appropriate for hysteria in general. All sources of nervous exhaustion should be removed, the best of diet and moral influence should be given, and every means taken to insure exercise without fatigue, and effective digestion; this treatment to be continued a sufficient length of time, to show that all symptoms have disappeared and the causes removed. Like all the neuralgias, as the renowned Anstie has well said, "it is the cry of the starving, suffering brain and nerves for healthy blood, and they are caused by the presence of poisons in the blood, derived from the growth of diseased germs which irritate and burden the brain, so that it cannot act in the natural way." Early in this affection it is often difficult, if not impossible, to say what the headache means; but close observation for a few days generally clears up all doubts.—Wm. H. May, M.D., in *Med. Tribune.*

ON THE TREATMENT OF FISTULA IN PHTHISIS.

Mr. Herbert Allingham read a paper dealing with the treatment of fistula in patients suffering from phthisis. He referred to the recent information obtainable on the subject, and to the contradictory nature of the recommendations made in the textbooks which treated of the subject. He however made an exception to this remark in favor of the opinions set forth in their respective books by the President (Dr. C. T. Williams) and by Dr. Douglas Powell. The author then discussed the pecularities that distinguished fistula occurring in phthisical patients from ordinary traumatic fistula. He suggested that, from an operative point of view, fistula in phthisical patients might be divided into three classes: 1, Fistula in conjunction with active tuberculosis. 2, Fistula in conjunction with chronic phthisis. 3, Strumous fistula. He described these three varieties and the proper treatment in each condition. The author approved of active treatment in the second and third varieties, and he insisted upon the importance of choosing an appropriate time and place for operating. He deprecated active treatment while the cough was troublesome, and advised that that the patient should not be allowed to remain in the strictly recumbent position in order to avoid any tendency to lung mischief of a mechanical origin. He preferred chloroform to ether in the operation for fistula, and recommended caution in imparting the information as to the existence of a fistula to the phthisical patient, who was liable to become very despondent when told that it could not be operated upon.

The President observed that a discharge, if not excessive in amount, often proved beneficial so far as the lung trouble was concerned, and he mentioned instances in which marked improvement had taken place consequent on the formation of a fistula, and, conversely, cases in which the closure of a fistula had been followed by a recrudescence of the pulmonary symptoms. He said they were in the habit of measuring the chances of

the patient by the extent to which other organs than the lungs were involved, as, for example, when enlarged or suppurating glands were present. At the same time, he would advise operative treatment if the condition of the fistula were such as to worry or irritate the patient, though he would be careful to lead the patient to expect some augmentation in the lung symptoms.

Mr. Marmaduke Shield said that each case required to be taken on its merits in regard to the propriety of operative interference, and he pointed out that the existence of fistula in phthisical subject was usually associated with patches of tuberculous ulceration in the rectal mucous membrane. Moreover, the edges of the sinuses were seldom healthy, and healing could not be expected to take place in a satisfactory manner unless special attention was paid to scraping the surfaces and removing unhealthy granulations. He insisted upon the value of iodoform as a dressing in these cases. He attributed the rapid change for the worse which had been observed to follow operations, whether for fistula or the removal of caseous glands, to systemic infection from bringing the raw surfaces into contact with tubercular matter which ought always to be carefully removed.—*Brit. Med. Jour.*

THE ACTION OF OLIVE OIL ON THE SECRETION OF BILE.

Although there is nothing very new in the administration of olive oil for the relief of biliary colic, the following abstract is inserted in the hope of shedding a little light on the obscure question of how it acts to relieve the pain and other symptoms of this distressing affection.

In an article which Dr. Seigfried Rosenberg read at a meeting of the Medical Society of Berlin, entitled "The Use of Olive Oil in the Treatment of Biliary Colic," the writer reports three cases successfully treated by this method. Including his own, he finds recorded in the medical journals twenty-one cases in which the oil treatment has been tried; in nineteen of these the patients were described as much relieved or well at the time of their discharge, while in two cases only no improvement resulted.

In considering the *modus operandi* of this remedy, he takes exception to the theory which assumes that the oil in some manner finds its way into the biliary passages, where it produces a softening of the gall-stones, thus facilitating their passage along the duct. He believes that the exhibition of a large amount of oil or fat in the stomach and duodenum excites a correspondingly large flow of bile, and that this flushing of the channels with bile dislodges the calculi and cures the colic. He argues that since bile plays so important a role in the absorption of fat, it is fair to assume that the presence of fatty food in some way calls forth the bile which is so necessary for its assimilation. In his endeavors to prove this he tried a number of experiments on two dogs with permanent biliary fistulæ, giving them in the morning a large dose of oil (sometimes a quarter of a pound of solid fat of ham or bacon was substituted by way of variety), and noting each hour the amount of bile which had flowed from the fistula. In every case he found a very considerable increase in the amount and duration of the flow over that produced by an ordinary meal of carbohydrates and albuminoids. It was also considerably more than the secretion he could produce by giving salicylate of soda or bile itself, both of which he had previously regarded as active excitors of the biliary function. He concludes from his experiments that oil acts as a powerful cholagogue, perhaps the most active of any, and to this action he attributes his success in the treatment of gall stones.

Dr. Rosenberg considers it very important to flavor and disguise the oil as much as possible, for the very idea of drinking a glass of it is extemely disgusting to patients. To remove the nauseous taste, he adds one-quarter of one per cent of menthol and ten or fifteen per cent of brandy; and also advises adding the yolks of two eggs, finely divided and worked in, so as to be perfectly smooth; this materially alters the appearance of the oil. The dose should be from five and a quarter to seven ounces (150 to 200 grammes); it is best to give about an ounce at a time, in such a way that the whole amount will be consumed in three hours.—*Ther. Monatschefte.*

CONSTIPATION.

An eminent English physician, Dr. Andrew Clark, suggests the following management of simple cases of constipation:

"1. On rising or retiring, sip slowly from a quarter to a half pint of water, cold or hot.

"2. On rising, take a cold or tepid sponge-bath, followed by a brisk general rubbing.

"3. Clothe warmly and loosely; have no constriction at the waist.

"4. Careful attention should be paid to diet. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, dried fruits, nuts and all course, hard, and indigestible food taken with a view of moving the bowels; likewise strong tea, and much hot liquid of any kind, with meals.

"5. Walk at least half an hour twice a day.

"6. Avoid sitting or working long in such a position as will compress or constrict the bowels.

"7. Solicit the action of the bowels every day, after breakfast, and be patient in soliciting. If unsuccessful the first day, continue the daily soliciting at the appointed time only. On the fourth day assistance may be taken. The simplest and best will be an enema of equal parts of olive-oil and water.

"If the use of all these means fails to establish the habit of daily, or of alternate daily, action of the bowels, artificial helps may be necessary. The object is to

coax, or persuade, the bowels to act after the manner of nature, by the production of a moderate and more or less solid-formed discharge. On waking in the morning, try massage of the abdomen, from right to left along the colon; and a dessert spoonful of the best olive-oil may be taken at the greater meals of the day." —*Good Health.*

The Pharmacology of Aconite.—Dr. William Murrell, of London, considers commercial aconitine as an uncertain substance from a pharmacological as well as a therapeutical stand-point. In reality, he says, we do not know whether our aconitine is aconitine proper or pseudaconitine, or japaconitine, or a mixture of all three. English aconitine, so-called, is at least seventeen times as active as the German, the French being intermediate in strength; but this classification into English, French and German is clearly unreliable and unscientific. It would seem that the use of aconitine is attended with considerable danger, several cases of poisoning having been reported simply from using a stronger aconitine than the prescriber intended. One case, which terminated fatally, happened because the physician was under the impression that the French and German aconitines were identical. Fleming's tincture of aconitine-root is as poisonous as prussic acid taken drop by drop. The U. S. P. tincture of aconite-root is half the strength of Fleming's tincture, and the B. P. tincture is only one-sixth as active as the latter. Murrell prefers to administer aconite by dropping half a drachm of the English tincture into four ounces of water, administering a teaspoonful every quarter of an hour for one hour, and subsequently every hour for six hours, or until the acute symptoms have subsided. He alse uses tabloids or triturates in a similar manner.

Aconite especially affects the heart—first its ganglia, then its nerves, and lastly its muscular substance. It may also act upon the vagus roots in the medulla. It lowers arterial pressure by depressing the heart's action; it does not affect the vaso-motor center of nerves. Aconite is a protoplasmic poison, lowering the actions of all nitrogenous tissues; first, of the central nervous system; next, of the nerves; and finally of the muscles. It has a special affinity for the sensory nerves, which is best shown by topical use of the agent in neuralgia.—*The Med. Bulletin*, June, 1890.

Coffee Inebriety.—Dr Mendel of Berlin, Prussia, has lately published a clinical study of this neurosis, which is growing rapidly in this country. His obser vations were confined to the women of the working population in and about Essen. He found large numbers of women consumed over a pound a week, and some men drank considerable more, besides beer and wine. The leading symptoms were profound depression of spirits, and frequent headaches, with insomnia. A strong dose of coffee would relieve this, for a time, then it would return. The mucles would become weak and trembling, and the hands would tremble when at rest. An increasing aversion to labor and any steady work was noticeable. The heart's action was rapid,irregular, and palpitations and a heavy feeling in the precordial region were present. Dyspepsia of an extreme nervous type was also present. Acne rosacea was common in these cases. These symptoms constantely grow worse and are only relived by the large quantities of coffee, generally of the infusion. In some cases the tincture was used. The victims suffer so seriously that they dare not abandon it for fear of death. Where brandy is taken only temporary relief follows. The face becomes sallow, and the hands and feet cold, and an expression of dread and agony settles over the countenance, only relived by using strong doses of coffee. In all these cases, acute inflammations are likely to appear at any time. An injury of any part of the body is the starting point for inflammations of an erysipelatous character. Melancholy and hysteria are present in all cases. In this country the coffee drinker after a time turns to alcohol and becomes a constant drinker. In other cases opium is taken as a substitute. Coffee inebriates are more common among the neurasthenics, and are more concealed because the effects of excessive doses of coffee are obscure and largely unknown. Many opium and alcoholic cases have an early history of excessive use of coffee, and are always more degenerate and difficult to treat. A very wide field for future study opens up in this direction.—*Jour. of Inebriety.*

Biloxi, Miss., one of the lovely resorts on the L. & N. Railroad, is but four miles beyond, or west of Ocean Springs, and, like nearly all of the noted resorts and towns of the Gulf Coast, is situated on a peninsula. The one on which this town is placed is from one to two miles in width, and about six in length, lying almost due east and west. The southern side or point of this peninsula is washed by the waves of the Gulf of Mexico or the Sound, breaking on a sloping sandy beach. Its eastern end, on which the town is chiefly located, projects into Biloxi Bay, while its northern shores are bounded by the Back Bay of Biloxi, as it is named on the maps, and also by the narrow and deep stream, Bayou Bernard. The site of the town covers an area of about 2,500 acres on the eastern extremity of this elevated tongue of land, and extends in a long wing along the sea-coast, several miles to the westward. Its resident population is estimated at 2,500, and this, during the season, is increased by the influx of visitors to about 4,000.

Puerperal Eclampsia.—In patients who have not been subjected to any previous treatment, to whom the accoucheur has been summoned in the hour of danger, I regard bleeding as the sheet-anchor of safty.—Dr. Claiborne in *Gaillard's Medical Journal.*

USEFUL FORMULÆ.

Formulæ for the Administration of Creasote.—Dr. Keferstein has published some good formulæ for the administration of creasote.

℞ Creasote, - - - - grs., 20.
Alcohol, - - - - - ʒvj.
Cinnamon water, - - - ℥iij.
Cinnamon syrup, - - - ʒvj.
M. Sig.: One tablespoonful three times daily.

For the pill-form the following is recommended:

℞ Creasote, - - - - grs., 60.
Powd. marshmallow root, - - ʒjss.
Purified liquorice, - - - ʒjss.
Mucilage gum arabic, - - q.s.
M. div. pil. No. 120, coat with gelatin. Sig.: One pill three times a day.

In irritative cough and diarrhæa the following is administered:

℞ Creasote, - - - - grs., 30.
Acetate of lead, - - - " 5.
Opium (pure), - - - " 5.
Ext. of liquorice, - - - ʒjss.
Mucilage gum arabic, - - q.s.
M. div. pill. No. 50. Sig.: One pill three times daily.

For children, creasote in the form of the following emulsions seems best adapted:

℞ Creasote, - - - - grs., 20.
Dissolve in Almond oil, - - - ʒj.
Gum arabic, - - - - ʒv.
Water, - - - - - ℥iij.
M. Make an emulsion and add
Comp. tinct. orange-peel, - drops, 15.
Oil sugar of peppermint, - - - ʒj.
M. Sig.: One teaspoonful two to five times daily.

For drop doses the author uses the following:

℞ Creasote, - - - - grs., 45.
Tincture of cinnamon, - - - ʒj.
M. Sig.: Fifty drops three times daily in half a cup of warmed milk or Malaga wine.—*Deut. Med. Woch.—Med. Brief.*

To Produce Local Anæsthesia.—A British dentist says: From time to time we have had recommended to us formulæ for solutions for producing local anæsthesia in teeth extractions, but in my hands they have been "vanity and vexation of spirit;" so have the preparations which are advertised in the dental journals. The following has given the best results, especially for the extraction of stumps, the objection being its powerful odor:

℞ Æther pur., - - - - ℥vj.
Menthol, - - - - - ʒiv.
Ext. Cannab. Ind., - - - grs. 80.
Ol. Menth. Pip., - - - - ʒj.—M.

I used it this morning in the extraction of a broken-down first upper molar, and though it had to be extracted in two pieces, not the slightest pain was experienced. Such was the testimony of my patient, and he was the better judge.

A Good Label Varnish.—

℞ Sandarac, - - - - parts, 53.
Mastic, - - - - - " 22.
Camphor, - - - - " 1.
Lavendar oil, - - - - " 6.
Venice turpentine, - - - " 4.
Ether, - - - - - " 8.
Alcohol, - - - - - " 40.

Macerate the ingredients for several weeks until fully dissolved. The result is a limpid, colorless, brilliant varnish, which dries quickly and is not too brittle.—*Arch. de Pharm.—Med. Brief.*

Transparent Cement.—A French authority gives the following recipe for transparent cement, especially adapted for china and porcelain. The advantage claimed is absence of the slightest yellow tinge, so that the addition of the cement is imperceptible, while it possesses an extreme degree of tenacity.

Mix in a well-stoppered bottle ten drachms of chloroform with twelve and one-half drachms of non-vulcanized caoutchouc in small pieces. The solution is easily effected, and, when finished, add two and one half drachms of mastic, and let the whole macerate from eight to ten days, shaking the mixture from time to time, but without heat. A perfect white and very adhesive cement is thus produced. This compound is made on the same principle as the cement greatly in vogue amongst florists for making permanent bouquets.

Chilblains.—

℞ Tannic acid, - - - parts, 2.
Alcohol, - - - - " 5.
Collodion, - - - - " 20.
Tinct. benzoin, - - - " 2.
Dissolve and mix. Apply with a brush.

Pruritus.—Dr. Shoemaker says: Itching of the skin is very common. To relieve it we must remove the cause, if it can be found. In eczema, itching is very commonly met with, and for its relief nothing is found to be as effectual as a mixture of equal parts of lime-water and glycerine, applied to the skin as often as necessary. You may combine with this a little creasote or commercial carbonate of zinc. No other combination will allay the irritation and relieve the œdema any better.

Carbolic Acid Antidote.—It appears to be not generally known that soluble sulphates completely antidote either carbolic acid or creasote, no matter how given, for when they meet they form a harmless compound (sulpho carbolic acid).

The Treatment of Bleeding From the Nose.—Wade recommends the expedient of Hutchinson. The hands and feet of the patient are placed in water as hot as can be borne. This will check the most obstinate epistaxis, without any ill consequences.

ORIGINAL ARTICLES.

TUBERCULOSIS OF THE LYMPHATIC GLANDS OF THE NECK AND ITS SURGICAL TREATMENT.

BY H. GRAFF, M.D., EAU CLAIRE, WIS.

Read before the Wisconsin State Medical Society, June 16, 1890, at Milwaukee, Wis.

In the most orderly house, where everything has its own place, there will nevertheless always be a room, a closet, an attic, in which is stored all odds and ends, everything for which, at the time, no other place can be found.

In the medical science we have had in times past, and I am afraid we may still have, several such "lumber rooms." Not quite a generation ago we had the "dropsy," and, until very lately, we have had the "scrofulosis." As we remember, "dropsy" was a kind of "Union Depot," into which was run a diversified multitude of unrecognized kidney diseases, heart diseases, hydræmic conditions and cancerous affections of internal organs; and "scrofulosis" was, until ten years ago and later, the joint name for a multitude of affections of the skin, of the mucous membranes, of the eyes, of the ears, of the joints, of the bones, all of which were carried in the same boat, and thought to be the diversified manifestations of a mystic "polymorphic diathesis," or "constitutional dystrophia." Thanks to God! While the human science runs often short of true knowledge, they will never, in all probability, run short of high-sounding words and phrases.

All, or nearly all, of those scrofulous affections it is now possible to classify on solid pathogenetic basis, and we find that while a few of them have been tardy manifestations of syphilis, or simple affections of the skin, the great majority of them have depended upon and been caused by the tuberculous infection. If the term "scrofulosis" should still be given an existence, it would be as an expression for a condition of lowered power of resistance against certain pathogenetic invasions, especially the tuberculous, and that lower power of resistance might be further defined as partly a greater (1) frailness or vulnerability of the epithelial covering, and partly (2) a modification of the tissues and fluids of the body, which makes them a more fit and fertile soil for the development of certain mobid germs; and, the reason for this would most likely be found to consist in lack or deprivation of some substance which is hostile to the development of these germs. Of course this is all speculation.

With such an understanding, it may be proper to maintain the "constitutional dystrophia," but the term "scrofulosis," at least, has lost all its raison d'etre.

It was the chronic swelling of the lymphatic glands of the neck, which, on account of the resemblance it gave the neck to that of a hog (sus scropha) gave the whole group of affections its name "scrofulosis."

And it was this chronic adenitis which was one of the first scrofulous affections to be suspected of being really tuberculous—a long time before the tubercle-bacillus was ever thought of. What made it subject to this distinction was the frequent "cheesy" contents of the glands. And that caseation or "cheesy" degeneration, a typical stadium in the development of recognized tuberculous processes, has caught the attention of the pathologist for years back.

Lack of more complete literary resources prevents me from giving exact data, but for my purpose it is sufficient to state that 12 years ago, when I studied medicine, those cervical glands were by our surgical teacher recognized as tuberculous, and their complete extirpation advised and undertaken at every opportunity. The danger was, we were taught, that the barrier set by the lymphatic glands might at any time be overcome, and, under unfavorable circumstances, a general tuberculous infection of the body, an acute miliary tuberculosis be the result, or, it was also pointed out how, in some cases, tuberculization had first been seen to take place in the lung on the same side, where the cervical glands had, perhaps for years, been affected.

Those views were, for all practical pnrposes, very good, and a credit to the intelligent clinical observation by which they were brought forth. If am not mistaken, they had originated in Germany, but were not then universally recognized, and still less practised. Those swollen glands behaved in such an apparently harmless and unalarming manner, the future possibilities were so remote, and after all, so uncertain, and the operation of their removal is always so tedious, often so difficult, and may at any time become so dangerous, that it required quite strong convictions on the part of the surgeon, to make him insist upon an operation and resist the temptation to paint the glands with iodine, give cod liver oil, and let the patient go.

If this painting with iodine did not serve some decorative or cosmetic purpose—and we can hardly imagine it did—then it most certainly did not do any other good; and it is the knowledge that this painting is still carried on among the profession, and certainly is often doing positive harm by delaying or preventing more active measures, that gives me courage to read before this body a paper in which not a fact presented, not a deduction drawn, will have the distinction of novelty or originality.

But the specialistic branches must try to reach the general practitioner with their enlarged knowledge or improved methods, and there is nothing so fit as a State medical meeting for that purpose. For my own part, for instance, I am afraid I would rather seldom find time or patience to read very extensively on nervous or mental diseases, but down here I listen with interest to able papers on those subjects, and get points which I may find useful the very first thing when I return home

to my work. I am sure that more than one of you gentlemen have derived the same benefit from coming here. We are here forced to hear things which we otherwise would not have been likely to read.

Returning to our subject: To-day there is no dispute possible. It is proven, beyond any reasonable doubt, that the so-called scrofulous chronic infiltration of the lymphatic glands of the neck is tuberculous in its origin and nature, and that it stands in the same relation to initial tuberculous ulceration of the nasal and pharyngeal mucous membranes as the enlarged inguinal glands stand to the syphilitic ulceration on the penis, or in the vulva; except that the tuberculous process is many times more chronic, slower in its progress, and development, or is, at least, generally so. Tubercle-bacilli have been found in those extirpated glands almost uniformly, upon diligent search by competent men, and they are certainly present in all cases.

What then becomes our duty as physicians? There is an enemy invading the body of our patient. Nature fights, tries to resist. Those very indurated glands bear witness thereof. There are so many outposts, so many detached fortresses thrown up to detain the invasion, to prevent it, if possible, from reaching the most central and vital parts. Our confessed task as physicians is to assist nature. How shall we effectively help it, then, in this case? By painting the skin with tincture of iodine, by application of iodoform plasters, by administering iodides, hypophosphites, arsenic, cod liver oil, by advising milk diet, meat diet, sea-coast or mountain air? All very well—or some of it—as adjuvantia. But why stop here? Surgeons who have seen and see every day how especially grateful nature seems to be for a little timely operative interference in tuberculous affections, what good and lasting results operations for accessible tuberculous affections, as, for instance, of joints and bones, have given, they think they know that the first, the best, and only reliable medicine for tuberculosis is the knife. And how often have they said to themselves when placed before a pitiful case of lung tuberculosis, "If I only could excise that infiltrated apex of his, I might give him back to life and health!"

Tuberculosis of the lymphatic glands of the neck will generally be met with in persons from the age of puberty up towards the thirties. Nares and fauces should first be examined and there may be found ozæna or simply chronic catarrh of the pharynx and naso-pharynx with or without adenoid vegetations and hypertrophied tonsils, which latter are rather often of a tuberculous nature. More seldom we will find plainly tuberculous ulcerations interspersed with miliary tubercles on the velum and the rear wall of the pharynx. Sometimes there will be chronic otorrhœa. But all initial affections may have long disappeared, and we can only get a history of some such trouble occurring long before. The glands under and behind the angle of the lower jaw will be the first to swell. They may remain stationary for years, and suddenly from them, other glands lower down are infected. Sometimes infection extends exclusively to the string of lymphatic glands following the vena jugularis and carotis in the nerval vascular space; sometimes only the posterior chain, which runs in the intermuscular space back of the sterno-mastoid muscle, is affected. But frequently the glands in both localities are diseased, and very extensive and tedious operations are then required. The lower down towards, or even under the clavicle, indurated glands can be felt to extend, the more urgent is the necessity for immediate operation. The affection of the glands on both sides of the neck is not very uncommon, although one side generaly decidedly prevails.

A most important thing is, of course, to make a correct diagnosis and differentiate from other chronic engorgements of the glands.

Syphilitic glands will never be so large or so infiltrated in the surroundings, except perhaps in the rare case of infection through the mouth, tonsillary chancre and similar lesions.

Adeno-sarcomatous glands might be more difficult to recognize, but they are rare. They often get larger, every single gland can be easily felt and separated, their consistency is more elastic and more even than the tuberculous glands, which, when they are not softened and fluctuating, are hard and nodulated.

Adenopathic leukæmia must also be borne in mind, although a careful examination of the patient would remove all doubt. In short, I dare say that it requires but very little experience and diagnostic ability to differentiate tuberculous glands from other affections; they have something decidedly characteristic about them.

As soon as the diagnosis is made, operation ought to follow without delay. About the best to be expected from non-interference is a remaining in "statuo quo" for years, in constant danger to life and health—something like a powder barrel in the cellar, or, in really the most favorable case, ramolation of the cheesy contents of the glands, inflammation, breaking through the skin and evacuation by means of a more or less prolonged suppuration through multiple-fistulous openings. Well, this is nature's operation. But we flatter ourselves we can do considerably better, saving for our patient risk, time, trouble and very bad-looking scars.

The operation ought to be complete, that is to say, every infiltrated gland, which can be felt and reached, ought to be removed, though this is not here of quite the same importance as in cancer. The following case will illustrate this: A couple of years ago I removed a large number of tuberculous glands from one side of a young man's neck. Three moderately enlarged glands could also be felt on the other side. As the glands were found densely infiltrated in old connective tissue and were spread over different localities, the operation on one side lasted three hours, and I decided to operate the other side some other time. Three or four weeks after the first operation, when he was ready for a sec-

ond one, I found, to my surprise, that the remaining glands on the other side were considerably smaller and softer. I then decided to wait still longer and see if they would really disappear. After six months, two of them could not be found at all, and of the largest one only a little hard nodule the size of a pea remained. The glands extirpated were all filled with cheesy foci, and a couple or them entirely destroyed and ramolating. This shows us what the unexpectedly good results of operations for other tuberculous affections has led us to think, viz: That the human constitution, in many instances, is able to make away with a few tubercle-bacilli and not too extensive tuberculous affections, but when it gets too crowded it succumbs to them. An operation seems to give it a push in the right direction, perhaps not only mechanically and locally, but also physically and generally. Who believes, for instance, that every bacillus, or tuberculous granulation, is removed in the average knee-joint excision? but nevertheless, these operations for tuberculous affections are to-day almost entirely successful.

But we do not want to "tempt the Lord," and will do our best to remove everything. Furthermore, we must operate carefully, so the glands will not be broken and their dangerous contents sown broadcast in the tissues. They must not be lifted by sharp hooks, nor squeezed hard by forceps. The best plan is to handle them with the fingers as much as possible; otherwise, our operation might do harm instead of good. The morbid germs which nature has thus far taken hold of and incarcerated in the lymphatic glands, might, by our imprudent actions, be set at liberty, so to speak. Happily, the muscular and other tissues constituting our field of operation do not seem to offer a very appropriate soil for tubercular dissemination. Only in the skin and subcutaneous tissues we will be apt to see this surgical tuberculosis. In three cases has it happened to me that one or two places in the per primam healed cicatrix would, about three weeks ofter the operation, commence to get red, soft, and finally break through, with a small, sharp cut opening. The skin would be thinned out and undermined. The fistulous canal would extend more or less deeply into the tissues, the whole would be filled with characteristic tuberculous granulations. These foci of new tuberculous infection have to me proven hard to heal, and have sometimes delayed the after-treatment for some three to six weeks. I have curetted them, of course, packed them with iodoform gauze, injected them with iodoform ether, used thermo-cautery and nitrate of silver. But the best thing in the end is to pack them repeatedly with tannic or salicylic acid. I have had the druggist make for me small bougies of tannic acid, with a little traganth, which I sometimes simply use as a stick of caustic, sometimes put it in and allow them to remain and melt between the dressings. The salicylic acid acts stronger and causes more pain. These fistulæ must be dressed and treated daily.

For the same reason it is advantageous not to take the glands out singly; but to endeavor as much as possible to take out whole bunches or chains of them, together with their intervening lymphatic vessels, something after the same plan as the modern operation for the cancer of the breast, with continuous cleaning out of the lymphatics from the gland into the axilla. On account of the risky and complicated anatomical relations, and of the frequently very dense infiltration of the glands in connective tissue, this plan will be found of difficult execution here, except in some special cases where the glands are glued together in such a way that it is easier to get them out in a bunch than separately. But let us remember that it is always a good thing to get the glands out in continuation as much as possible, even if it is impossible to do it through the whole operation. Gerster recommends, where you extirpate glands separately, to ligate their afferent and efferent vessels. I can see the good point in this and have made some attempt to do it, but if done to a considerable extent, when you extirpate sometimes from twenty to thirty glands, it would leave such a quantity of silk or catgut ligatures in the wound and absorb so much more additional time in what is, of necessity, a long and tedious operation, that I have shrunk from doing it.

In regard to the technique of the operation I will only mention a few points.

It requires considerable tact to decide upon the proper cutaneous incision. In the first place we certainly want to get free and easy access to all the affected parts, but on the other hand we want to take into consideration the cosmetic effect of the resulting scars—so much the more as many of our patients will be young girls. If only a few glands in close proximity are affected, the lay of the incision dictates itself, but where they are spread over a wide area, as is often the case, we have to use judgment. It is, for instance, well to hide the upper part of the incision behind and under the lower maxilla. An incision of this kind and another one for the posterior glands, running first parallel with the posterior margin of the sterno-mastoid muscle down to the clavicle and then turning in an acute angle and running outwards, parallel with this bone, lifting up a triangular flap, which gives plenty of room and light, I have found very serviceable in some cases. In other cases where the anterior glandular chain is more affected down along the vascular sheath, the "oval flap" incision of Gerster, with subsequent division of the sterno-mastoid muscle, is appropriate. This incision ought to be laid in such a way that a large portion of it runs parallel to the fibers of the platysma muscle, as I have noticed that originally very nice linear cicatrices running at angles to the direction of this muscle, in the course of time have shown a tendency to widen. To make, as I have seen made, three or four, or even five different short incisions, one over each one, or each two or three, glands, is a great waste of time and leads to incomplete and improper operations, with tearing, squeezing and digging in the dark.

Next we dissect down on the uppermost gland and try to remove it with its capsule. This is sometimes

very easy--in the minority of cases, I am sorry to say —and is accomplished by the fingers, the dissecting forceps, and very handily with a pair of curved scissors (used with closed branches). But, where the affection is of long standing, and where there have been repeated inflammatory attacks, glands, aponeuroses, vessels and everything are found matted together in a tough connective tissue net-work, from which the glands must be carefully dissected at the knife's edge, and here it is advisable, as Gerster recommends, if working in the neighborhood of the large vessels, first to dissect those free for an inch or two, so that you know where you have them and can always get at them in case of accident. Practically it is only one vessel from which the danger arises—vena jugularis interna.

Please never think you "have not penetrated that deep," or are "far away from it." Please do not keep too close in mind your colored plates and manikins. I intended to say that the vena jugularis is all over the neck from the trachæ to away behind the sterno-mastoid muscle. You stretch or drag a little on the tissue and there it is as elastic and movable as a rubber band. Be sure that you always keep your knife's edge close to the capsule of the gland, and be always prepared that the next stroke you make may cut a slice from the vein wall.

Perhaps this is exaggerated, and perhaps I unnecessarily "painted the devil on the wall," but this is the way I feel and act when I perform one of these difficult glandular extirpations. And I am just as sure that I will happen to cut the vein once, if I live long enough, as I am of anything. It has happened to almost every surgeon I know of who has performed many of these operations, but I do not know, either, of a single case where it proved fatal; a little coolnees and dispatch, and it is all right.

Considerably more might be said in detail on these operations, but this paper is too long as it is, and my object was chiefly to call your attention to the true nature of this affection and to plead for a surgical treatment of it, not to deliver a complete treatise on the subject.

A CASE OF DOUBLE DERMOID CYST OF THE OVARY.

BY B. F. BAER, M.D., PHILADELPHIA.

Mrs. X. first consulted me on February 21, 1890. She was æt. 32 years; married; had two children; oldest seven years and youngest three months.

About two years before the date at which I first saw this patient she began to feel an uneasy sensation, and sometimes pain in the right ovarian region. These symptoms gradually increased and the left side became involved in like manner. She then had suppression of the catamenia and other signs of pregnancy. Her abdomen began to increase in size, and when she was advanced to the sixth month, she noticed a lack of symmetry of the abdomen, it being unusually prominent at either side, where she thought she felt an irregular, firm mass, a condition which did not exist during her former gestation. She paid no attention to this, however, except to come down from the country, where she lives, to be under the care of her former physician of this city during her confinement, fearing that all was not right. She was delivered after a normal labor at the full term, three months ago. Nothing unusual was observed during the labor or afterward by her attending physician. She remained in bed the usual time, but got up feeling weak and showing marked evidence of continued loss of flesh. When the child was a month old she left the city for her home, being unaware as to the existence of any abnormality in the abdominal cavity. She soon after this noticed that her abdomen was enlarging in the "middle portion," as she stated, and she was able to feel a hard mass in the distended region. She also complained of a sense of fullness in the pelvis and of pressure upon the bladder. Becoming alarmed at this she returned to the city, when I saw her. She presented an appearance of marked emaciation, with the facies ovarianna quite well marked.

Examination in the dorsal position showed the abdominal walls to be extremely emaciated and relaxed. They had not recovered from the distention of the pregnancy, and as they lay in this relaxed condition an irregular mass could readily be seen in the region of the umbilicus. On palpation this was found to be irregulaly lobulated, firm,almost hard at certain portions, flattened in shape, and exceedingly mobile. It could readily be moved from one side to the other and from the central location to the epigastrium and also to the pelvis. It was rather tender upon pressure, especially at one point.

Vaginal examination showed the pelvis to be occupied by a round, smooth mass the size of a child's head. This mass displaced the uterus forward and upward, so that the cervix was just discernible to the finger, above and to the right of the symphsis of the pubis. The pelvic tumor was firm and elastic, but not hard. It was immovably fixed, but not tender upon pressure.

I expressed the belief that the pelvic tumor was an incarcerated ovarian cyst, but I was not certain as to the character of the one occupying the abdominal cavity. Its irregular, flattened, lobulated shape and non-fluctuating character, together with its extreme mobility and the rapid emaciation of the patient led me to fear that it was a malignant growth, possibly of the kidney. I advised that the child, which the patient was nursing, be immediately weaned and that a laparotomy be made as soon as the breasts had dried up.

The operation was performed on March 4th. After the patient was anæsthetized and lying upon the table, the abdominal walls sunk flat and relaxed about the abdominal growth in such a manner as to make it look exceedingly malignant in its roundness and irregularity.

An incision two inches in length was made midway between the umbilicus and pubis and the tumor exposed to view. To my delight I detected the peculiar color of an ovarian tumor. Introducing two fingers, I found it to be free from adhesion except at one point, but I could not at first find that it had a pelvic attachment, being apparently free in the abdominal cavity. After examining very closely for a pelvic attachment, I discovered that the broad ligament and Fallopian tube were lying flattened out against the posterior surface of the superior strait, being held in this position by the pelvic tumor. Putting my finger under the pedicle I was able to trace it to the tumor, and bringing it to the incision, made myself sure that it was the Fallopian tube and broad ligament. I now punctured the tumor with a trocar, although it appeared to be almost solid, when there began to flow the peculiar pus-like and oily substance which is characteristic of dermoid cysts. After more than a pint of this semi-fluid had been evacuated the trocar was withdrawn and the opening was immediately closed by a mass of hair which was projected into it. Although the mass was still quite large, I was able, by manipulation and some force, to withdraw it through the small incision. The pedicle was exceedingly vascular, the veins in the broad ligament being as large as my finger. After separating this tumor, which was of the left ovary, the one in the pelvis was with great difficulty dislodged and brought up to the incision, when it also was punctured. A small quantity of fluid, of a character similar to that of the other, flowed out, when the tumor slipped through the incision. A pedicle of similar character as to vascularity and length was ligated and this tumor also cut away. The abdomen was now thoroughly cleansed and the incision closed, neither irrigation nor drainage being used.

The after-history has been without event, except a decided evidence of heart failure on the second day. This was controlled by active stimulation, kept up during the night. She sat up on the eighteenth day after the operation and is rapidly regaining the lost weight.

Double ovarian dermoid disease is unusual. It is an interesting question as to when these tumors developed —whether before the gestation began or during it. If they existed previous to the fecundation, as they probably did, the case is one of great interest; and shows the wonderful persistence of the procreating function.

Resection of Stomach for Simple Ulcer.—At the recent Italian Surgical Congress, Prof. Postempski showed a lad, aged 18, on whom, after every kind of medical treatment had been tried to no purpose, he had excised a "round ulcer" by resection of the anterior wall of the stomach near the pylorus. Examination of the ulcer after removal showed that perforation was on the point of taking place. The patient got up on the tenth day after operation; there had been no return of the vomiting which previously troubled him, and he was gaining weight.—*Br. Med. Jour.*

TRANSLATION.

IMPOTENCE IN THE MALE, AND ITS TREATMENT.[1]

BY DR. LEOPOLD CASPER, OF BERLIN.

Translated by Wm. N. Beggs, A.B., M.D., St. Louis.

[CONTINUED.]

The Therapy of Impotentia Coeundi.

Although I have partially considered the treatment of impotence in discussing the individual varieties and in reporting suitable cases, I shall, nevertheless, now consider it as a whole.

In the course of the foregoing descriptions we have seen how various are the different forms of impotence. In addition to the four groups which we differentiate, there are also differences between the forms of one and the same group. The psychical impotence, the occasion for the occurrence of virile weakness, was at one time fear, again distraction of thoughts, and a third time a perversion of normal sensations. In the neuro-irritative form the cause of the inability to copulate could be referred to complete abstinence in one case, to masturbation in another, and to a general nervousness in a third.

From these examples it may be seen that there can be no routine treatment for impotence, but that attention must first of all be paid to the causal moment. If there be a deformity of the external genitalia or their neighboring parts, only an operation can bring about improvement, as I have already stated. Not all the deformities mentioned may be removed; but, by means of an operation, good functional results have been accomplished in certain deformities which prevent coition, such as hydrocele, ruptures, infiltration of the urethra and tumors of the scrotum.

If diabetes is the cause of the sexual weakness we will first of all direct our therapeutic means against it. We may hope that with the improvement of the general disease the special disturbances also will be removed or diminished.

Provided, then, that the causa morbi always gives direction to our therapy, we may divide the treatment of impotence into psychic, general hygienic and special medical.

As for the psychic treatment, I have already stated how extraordinarily important I consider it to be. Many of those suffering from impotence are shy, dissatisfied with themselves, and hypochondriacal. They often struggle with feelings of shame and despair; only seldom does a ray of hope appear. They have lost confidence in themselves and others. They believe that nothing can help them; they are lost for this world. They are incessantly occupied with their disease, and are, therefore, unfitted for any business.

[1]For Parts I., II., III., IV., V., VI., and VII., see Review of April 26, May 3, 10, 17, 24, 31 and June 14.

This nervous depression must, first of all, be struggled against, and this is the aim of the psychical treatment; it must bring it to pass that the patient again takes courage, and gains hope for himself and the methods employed. This will be accomplished in no better way than by the physician gaining for himself the confidence of his patient. He must "swear by the word of his physician," he must hold what is told him to be unalterably true.

How will the physician accomplish this? That is difficult to say; a firm, energetic, confident appearance, an exact examination, and a warm, benevolent interest for the patient will be of great assistance, however.

The poor impotents generally have no one in the world in whom they can confide; before their best friends, even, they are ashamed. In such cases the doctor is the soul's physician. Even the description of their troubles lightens the heart; they find in the physician one who still has good will and interest for them, and so generally begin to have hope again. The nervous depression weakens before a cheerful feeling aroused by hope, and a good deal is already accomplished.

We have already seen in the various forms of psychical impotence how only the lack of self confidence, a certain feeling of anxiety occasions sexual weakness. In such cases the patient is already cured if the physician succeeds in restoring self-confidence. That is not to be accomplished, however, by telling the patient in the beginning that he is sound, that there is nothing the matter with him. These words have rather the contrary effect. The physician who possesses his patient's confidence will often accomplish a cure through some distracting and strengthening course, by forbidding coitus for a long time.

The psychical treatment must take into account the course of the patient's thoughts; then the right means will be found. I will remind you of the case in which the patient had a sexual orgasm only at the sight of a woman's shoe. Fastening the shoe over the conjugal bed and the direction given to the patient to look at it during coitus was successful. Later on the patient was able to have intercourse without the shoe really being there. He had in mind the physician's advice to imagine he saw it hanging there. That, then, proved to him that he could be potent even without having the shoe before his eyes.

I have advised a patient who could be aroused sensually only at the sight of women's white drawers to keep his eyes closed before and during intercourse, and at the same time to have continuously in imagination the exciting article of clothing. The success was complete. The patient was potent with women with or without drawers.

An important element of the psychical treatment is that the patient, by means of other employment, be diverted from his general course of thoughts; that they be prevented from continuously brooding over their trouble. Therefore much diversion is useful. I am accustomed, when I do not send the patient into an institute where the occupations are more systematically arranged, to divide the day in such a manner that it is completely filled out with some diversion or occupation. The patients must continuously be in society or have physical work, such as gardening, turning, bathing, swimming, walking, picnicking or traveling.

This is also of benefit inasmuch as in this way they are protected from sexual excitation. This is doubly advantageous; first, it has a remarkably favorable influence on the mind (psyche) of the patient, for he believes that the long rest strengthens his genitalia; second, if sexual desire is really increased the accumulation of nervous tension becomes really greater.

Hypnotism must also be casually mentioned, concerning which in our field but little has been experienced, but conclusions may be drawn from analogy that it may influence the mind in such a way as in impotent patients is to be desired. I have no doubt that suggestive therapy will accomplish great results in such cases.

Dr. Moll, to whom I went on account of his experience in such matters, relates the following case:

"Patient, J., æt. 31 years, noticed nine months ago that in coitus, he either had the ejaculation of semen before the entrance of the penis into the vagina, or that the semen after timely immissio penis was ejaculated without any feeling of pleasure whatever.

"After about 40 attempts I succeeded in hypnotising him so deeply that his eyes being closed he was subject to the most varied alterations of sensation.

"The attempt now made on several successive days to accomplish normal coition by means of post-hypnotic suggestion was so far successful that the patient was able in four days to have coitus with immissio penis and normal pleasurable sensations twice. I unfortunately soon lost the patient (who had no objective disturbances of the genitalia or of the nervous system) because at the second copulation, carried out without a condom contrary to my advice, he contracted a gonorrhœa."

Hygienic therapy affords effectual aid in favorably influencing the mind.

The patient's mode of living must be so directed that his body will be strengthened without too greatly stimulating the sexual organs. In this connection diet, care of the body by means of baths, sleep, activity of the digestive organs, and bodily exercise deserve special consideration. The diet must be nutritious and at the same time not stimulating; strong spices and drinks are especially to be avoided.

As for the latter, half a bottle of claret or a little cognac may be permitted, but too much of such things is decidedly injurious, because exactly in the state of animation between ebriety and inebriety, excited by the wine, the libido sexualis is commonly aroused in the patients. They then sin against the command of abstinence, or, which is still worse, masturbators, at such opportunities, relapse into their old vice. On the other hand wine stimulates the appetite somewhat, and en-

ables the patients to take a larger quantity of nourishment. Therefore wine should be permitted at meals; beer is to be allowed in small quantities only. I forbid any use of beer for two hours before going to bed. I have repeatedly had the experience that in patients who suffer from pollutions and who masturbate, both accidents occur after a late use of beer.

As for the food, such patients will naturally not be permitted to use much fat and food which sates without nourishing. Food from meat, fish, eggs, and a limited amount of flour constitute the chief amount of nourishment; but here also the principle of the greatest importance is "not too much and not at too late an hour." Satiety after meals causes restless sleep, and this brings pollutions, or leads the habitual masturbator into too great temptation.

The same principles direct the rules relating to sleep. The patient must not sleep in a soft feather bed nor be covered with a warm feather comfort. The only bedding beneath should be a horsehair mattress. The patients may use a comfort or woolen spread for covering. A special covering may be laid over the feet. According to experience the softness and warmth of a feather bed induce pollutions and induce the masturbators to yield to their sensual feelings. The patients should also not sleep upon the back, but become accustomed to lying upon the side, for dorsal decubitus promotes spontaneous seminal ejaculations. Further steps are to be taken that the patients do not lie too long in bed with filled bladders. Morning erections are to be regarded as reflex phenomena, set into operation by the stimulation which the filled bladder exercises upon the peripheral nerves. If it has been noticed in patients suffering from impotence and seminal discharges that the latter occurs toward morning the patient must always be wakened (perhaps by means of an alarm clock) about an hour before this phenomenon generally occurs, in order to discharge his urine.

As for the duration of sleep, I will not mention a standard, for in this respect individual necessities vary. In general, however, I consider sleep to be an excellent tonic. I should demand eight hours as a minimum. Many men, especially those who have formerly lived fast lives, are accustomed to go to bed very late. In such cases early retiring is a great necessity.

Constipation has an unfavorable influence. We know prostatorrhœæ and spermatorrhœæ occur only when the fæces are hard. The vascular congestion in the pelvis, occurring in digestive stagnation, causes a stimulation of the sexual organs which must be removed. If, therefore, regular defecation does not occur, laxatives of the most varied kinds must be given.

A rational activity of the individual bodily organs and members belongs to the hygiene of the body. In many cases it will not be necessary to give the body any special work, for the person's calling cares for that; in other patients, however, all bodily work is lacking, or they have too little of it, or their occupation is one-sided, so that only the development of single parts is provided for, while the others remain undeveloped.

In such patients the customary bodily exercises, gymnastics, turning, swimming, Swedish movements, and also massage afford material assistance. Aside from the favorable influence of all these measures on the mind, I consider a systematic, not excessive, use of the physical strength to be one of the best means for advancing the physiological changes of the body. An increase in active life brought about in this way will exercise a beneficial influence upon sexual power. The opposite effect occurs, however, if these exercises are carried too far, to weariness and exhaustion. It may, therefore, be referred to this cause that athletes are generally considered to have little ability in venery.[40]

The measure of the work to be employed must, therefore, be each time determined for each patient according to his individual disposition, and too little is to be preferred to too much. The exercises chosen should be of such a sort that all parts are more or less equally employed. Walking only is not sufficient; it must be combined with swimming, turning, rowing, etc. The most rational correspondence to these requirements is afforded by those exercises which patients receive in medico-mechanical institutions, for attention is there systematically given to the individual portions of the organism. In those cases in which for any reason active gymnastic exercises are not permissible, massage furnishes a welcome substitute for advancing the general physiological changes.

Special medicinal measures are to be added to the means already described which act upon the mind and the general hygienic life of the patient, and must not be neglected in any case of impotence.

Four of these are at our service: 1, Baths; 2, electricity; 3, local applications, and 4, internal medicaments.

The first named, baths, I consider to be one of the most effectual means to be used in cases of impotence. They may be employed in the most varied forms, as washing, sponge, sitz, half and full baths; as friction, douches, rose, sea, sol and Roman baths, etc.

Our knowledge of the effect of baths depends as yet chiefly upon experience. It is true we can conclude with Winternitz that the cold stimulation occasioned by the bath rouses the muscles to activity, contracts the vessels, and stimulates the peripheral nerves; yet these effects in their influence upon the organism have not been followed out in detail, nor been experimentally confirmed. We know, however, through this very experience, which is generally no poor teacher, that the thermal and mechanical stimulation, caused by the bath, results in an increased nutritive interchange.

Doubtless the different varieties of baths have different influences. I cannot here enter into the details of this question, and will simply note that almost all baths, with few exceptions, can be employed in impotency with benefit.

I consider the cold bath, combined with subsequent cold douche applied to the spine to be the most effectual of all baths.

Such baths may be had in almost all large cities. Naturally, sea-baths, in which the waves received against the back form a natural douche, are much better.

The poorest form is the wash; next are the sponge baths, which consist in the patient, standing in a large folding rubber bath-tub, squeezing a wet sponge over his head. This kind of a bath is, therefore, often very desirable, because it is cheap and requires little time and room. Not every patient has a bath room, or can daily visit a bathing establishment. Rubber bath tubs can be folded up after use,therefore requiring no special room, and can be obtained for little money.

To these are to be added cold frictions by means of wet cloths. The cold friction is to be followed by flagellation with a very coarse, dry towel. This is the best substitute for cold baths in case they cannot be endured or for other reasons cannot be employed.

Impotent patients are to be advised against repeated protracted warm baths, which have a relaxing effect. Also, I cannot recommend cold sitz baths lasting only a short time, because they stimulate the genitalia too much; at least these organs should rest during the first period of treatment, and should not yet be artificially stimulated. Sitz baths of long duration have rather a depressing effect.

Carbolic acid, half, full and sitz baths have an extremely stimulating and exciting effect.

In all cases in which exertion of sexual activity appears to be forbidden such baths are therefore to be avoided; in purely psychical impotence, however, in which no weakness of the genitalia is present, they are an excellent means for restoring the mind to its normal course. I have seen patients have powerful erection in effervescing baths and thus recover fresh courage and confidence.

Natural or artificial mineral baths are especially servicable in favoring metabolism but nothing is as yet definitely known on this point, as well as the manner in which many thermal, and especially sulphur, baths exercise a favorable influence in various forms of impotence.—*Deutsche Medicinal-Zeitung.*

40. Busch, Allgemeine Therapie, Gymnastik und Massage. Ziemssen's Handbuch, Bd. II, Teil II.

[TO BE CONTINUED.]

CHOLERA NEAR BAGDAD.—A telegram from Constantinople under date of May 15 says that a disease believed to be cholera has broken out on the Imperial domains of Djedil and in the village of Bellek, near Bagdad. Of thirteen persons who were taken ill, six are stated to have died, the symptoms being those of cholera. Dr. Elisseneff left St. Petersburg on Tuesday, May 20, on an official mission of sanitary inspection on the frontiers of Asia Minor on account of the reported outbreak of cholera at Bagdad and Mosul. He will also visit the Persian frontier.

WEEKLY MEDICAL REVIEW.

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Secretaries of societies will confer a favor by keeping us informed as to the time and place of meeting of their respective associations.

SATURDAY, JUNE 28, 1890.

THE INFLUENCE OF ALCOHOL UPON THE HEALTHY STOMACH.

The question as to whether alcohol should be employed is one that periodically comes up for discussion, though there can be but little doubt that, rationally used, it is one of the most effective weapons that the physician has at his command. There is much more room for discussion upon the point as to whether the effect of alcohol upon healthy individuals is beneficial or injurious, and here it is that the opinions of the profession are most widely at variance. The proper way of deciding the question is by means of carefully conducted and systematic experimentation, and we see that an attempt has been made in this direction by Dr. Blumenau, at the laboratory of Prof. Koshlakoff in St. Petersburg.

Blumenau(*Vratsch—Deutsch. Med. Zeit.*) had for subjects five healthy individuals between the ages of 22 and 24 years, to whom he gave alcohol 10-20 minutes before a meal, in doses of 100 c.m. ($3\frac{1}{3}$ oz.), in 25% or 50% solution. The meals uniformly consisted of 500-600 grammes of soup, a cutlet of 90-100 grammes, and 200-250 grammes of bread. The results of these experiments may be summed up as follows:

1. Stomach digestion is noticably slowed during the first three hours following the ingestion of alcohol, as the result of a marked decrease in the digestive power of the secretions. This decrease is independent of the lessened proportion of hydrochloric acid and the weakened acidity of the stomach secretions in general. This last is determined almost entirely by the amount of lactic acid present.

2. The changes are more apparent in abstemious persons than in those who are habitual drinkers.

3. Other things being equal, strong solutions of al-

cohol produce more intense changes than weaker ones.

4. Gastric digestion becomes more vigorous by degrees during the fourth, fifth and sixth hours after a meal. The acidity of the stomach juices increases (to 0.22-0.35%); the proportion of hydrochloric acid gradually increases, reaching its maximum (0.12 0.14%) in about five hours, while the proportion of lactic acid decreases and reaches the minimum about the same time, and at the end of five hours the lactic acid reaction is either absent or very weak.

5. As may be seen from these changes, the gastric secretions attain greatly increased digestive power during the second three hours.

6. The production of the digestive fluids is much more profuse and enduring under the influence of alcohol than without it.

7. The activity of the pepsin is at first slightly decreased, and the motor ability of the stomach is also lessened.

8. The intensity of the changes in the motor and absorptive properties of the stomach is commensurate with the degree of concentration of the alcoholic ingesta.

The Cardiac Troubles of Climacteric Women.

At the time of the menopause there appears so frequently a series of derangements referable to the heart, without any organic change of this organ, that it cannot be denied that there is a certain relationship between these functional difficulties and the climacteric changes of the female organism. No one has heretofore attempted to present a clinical picture of these functional disturbances, but Kisch of Prague (*Berl. Klin. Woch.—Med. Chir. Rund.*) now makes the attempt upon the basis of his personal observation.

Kisch considers Tachycardia, coming on in paroxysms, to be the most frequent of these troubles. Women who never before manifested any symptoms of heart trouble, begin to complain of attacks of palpitation at the beginning of the menopause, just when the monthly flow is beginning to be irregular. These attacks come on at times without any apparent cause, at other times upon slight exertion, and usually last but a short time, a few minutes; they may recur several times during a day, or only after several days. Besides the rapid and strengthened heart-beat there is a feeling of anxiety, with a sense of oppression in the chest, violent pulsation in the carotids and the abdominal aorta; there are rushes of blood to the head, fleeting feverish sensations, and headache. Occasionally there are dimness of vision, roaring in the ears, vertigo, and even syncope. Objectively, it will be found that the heart's action is very rapid, being from 120 to 150 per minute; the pulse is usually strong, full and regular; on auscultation the heart sounds are much strengthened. During these attacks there is generally a state of mental or physical unrest. This paroxysmal tachycardia may appear during the whole climacteric period; it may last longer and appear after menstruation has entirely ceased, but Kisch has not observed evil sequelæ of any importance following it. However much anxiety these attacks may cause the patient, and however lively the fear of heart failure, there is really but little foundation for such pessimistic views. Kisch has seen very favorable results follow the systematic use of mild saline purgatives, combined with the observance of dietetic precautions, regular exercise, cold baths and wrapping the abdomen in wet cloths. Kisch regards these attacks as the result of a heart neurosis, caused by an irritation of the excito motor nerve fibers, being impelled to this belief by the fact that the heart impulse is in no way weakened, but on the contrary strengthened, that there is no arhythmia, and that there occur, combined with it, other disturbances of the vasomotor nerves. Kisch believes that the cause of this disturbance may be found in the hyperplasia of the ovarian stroma, shown by him to be characteristic of the menopause, whereby the fine nerve endings in the ovary are irritated; this irritation is transmitted to the nervous centers, which reflect the wave along the accelerating sympathetic nerve of the heart.

Another heart trouble complained of by women at the climacteric, which has a more serious meaning, presents the well-known symptoms of weak heart. According to Kisch, the subjects of this trouble are usually delicate, anæmic women, who have menstruated profusely; who have had numerous and severe labors or have aborted frequently, and with whom the climacteric brings about severe menorrhagia. These women also suffer from palpitation; the pulse is feeble, small, easily compressible, and at times intermittent or arhythmical. The heart's action is weak and devoid of energy. The patients have dyspnœa, and suffer from attacks of cardiac asthma, not seldom combined with angina pectoris. There are also signs of a failing circulation; the hands and feet suddenly become cool, and there is very often œdema of the feet, and occasionally albuminuria. Here it is of the greatest importance to make a thorough examination of the sexual organs, and so endeavor to lay clear the nature of the uterine hæmmorrhage.

A third group of heart trouble occurring at the menopause is very well represented, but the symptoms are only of moderate intensity. These symptoms have their origin in the fact that in certain persons the menopause brings with it a tendency to the accumulation of adipose tissue, about the heart as well as over the body in general. It is a very interesting fact that, according to Kisch, the symptoms caused by fatty heart in women past the climacteric are of a much lower grade of intensity than in fatty heart in male subjects. The cause of this appears to him to lie in the fact that the variations in the amount of adipose tissue are as a rule much greater in the female sex than in the male; puberty, pregnancy, lactation and the menopause each bring about considerable variations, so that "the heart has learned to accommodate itself to varying demands."

THE NATIONAL ASSOCIATION OF MEDICAL COLLEGES.

In response to the circulars sent out by the medical colleges of Baltimore, a copy of which was given in the REVIEW some time since, delegates representing fifty-five colleges assembled at Nashville during the American Association meeting, and organized the National Association of Medical Colleges. The following officers were chosen:

President, N.S. Davis, Chicago; First Vice-President, Aaron Friedenwald, Baltimore; Second Vice-President, H. D. Didama, Syracuse, N. Y.; Third Vice-President, T. Menees, Nashville, Tenn.; Fourth Vice-President, Samuel Logan, New Orleans; Fifth Vice-President, W. H. Pancoast, Philadelphia; Sixth Vice-President, C. A. Lindsley, New Haven, Ct.; Seventh Vice-President, W. F. Peck, Davenport, Ia.; Secretary and Treasurer, Perry H. Millard, St. Paul, Minn.

A committee was appointed to report definite propositions for the consideration of the Association, and the result of their work is embraced in the following resolutions, which were adopted:

1. That the colleges represented in this Association adopt three graded courses, of not less than six months each, no two courses to be given in the same year.

2. That both oral and written examinations be required of all students.

3. That laboratory instruction in chemistry, histology and pathology be required.

4. That the colleges belonging to this Association demand the following examination of all applicants for matriculation, viz.: A composition in English of not less than 200 words; the translation of easy Latin prose, provided that students be allowed one year to make up any deficiency in regard to this item; an examination in higher arithmetic and in elementary physics. It is provided, however, that candidates who are graduates or matriculates of recognized colleges of literature, science and art, or of normal schools supported by the different States, be exempt from the provisions of this examination. It is furthermore provided, that it shall be the duty of the secretaries of the various colleges composing the Association to transmit, on request, to the Secretary of this Association a list of all the matriculates, together with a copy of all questions propounded at the matriculation examination. It is also provided that all the matriculation examinations be in writing and, when requested, the original papers shall be forwarded to the Secretary of this Association.

5. That the adoption and enforcement of the above requirements by a college be necessary to the admission of said college to this Association or to its continual membership in the same.

6. That the above requirements be enforced with the matriculates of the session of 1892-93.

7. That each college in this Association be assessed annually the sum of $5 to defray necessary expenses.

The first three propositions were adopted without discussion, but the fourth aroused objections from delegates who were not yet ready to enforce such a rule, their objections being based on the inexpediency (to them) of such a move.

A compromise was effected, by which two years were given the colleges in which they were to make final arrangements for the change.

A copy of the proceedings of the Medical College Association will be sent to all the medical colleges in the country, and they will be asked to act in accordance with the resolutions as above given.

MEDICAL ITEMS.

HORSE AND MULE TWINS.—A mare near Fulton, Mo., on June 16, gave birth to twin colts, one a mule and the other a horse.

THE EXPULSIVE POWER OF THE UTERUS is estimated by Dr. Humphreys, in the *London Lancet*, to be eighty-two pounds.

IN DIABETIC COMA, it has been shown that large intravenous injections (100 ounces) of a saline solution restore consciousness temporarily.

BROMIDES AND CHLORAL.—It is estimated that two hundred tons of the bromides and fifty tons of chloral hydrate are being used in this country annually.

ANOTHER MEDICAL SCHOOL.—The Nebraska Christian University was established and opened its first term in Lincoln last autumn. This year it has added a medical school, which will commence its session in the coming September.

UNDERWEIGHT QUININE CAPSULES.—Dr. V. C. Vaughn reports in the *Medical News* the analysis of some capsules containing quinine. Of from forty to eighty capsules assayed, only two contained the amount of quinine claimed upon the label.

NASAL CATARRH AND BONNETS.—Dr. D. Hayes Agnew says that he never saw a case of nasal catarrh among the females belonging to the Society of Friends, Dunkards, or Mennonites. His explanation is that their bonnets protect then from this disease.

IN INFANT'S "SUMMER COMPLAINT."—Tincture Indian cannabis, 24 drops; spirit chloroform, 5 drops; tinct. kino, 3.40 grammes [1 fl. dr.]; peppermint water to make 26.25 grammes [7 fl. dr.]; add, distilled water, 3.75 grammes [1 fl. dr.]. Shake well—teaspoonful every one, two or three hours.—*South. Med. Rec.*

MEDICAL PROGRESS IN THE EAST.—A medical college has been established at Antananarivo, the capital of Madagascar, in connection with a Norwegian missionary enterprise. There have already been graduated a

number of well trained native physicians, whose lives will be spent in distant provinces which European missionaries have not yet been able to reach. A new hospital, at the college, will soon be added to the advantages of the Norwegian station. The Society of Friends, of England, has, at the same city, an extensive medical mission under the supervision of Drs. Fenn and Moss.

Hygiene in Odessa.—The Odessa Medical Board recently suggested to the local chief of police that henceforward all bakers in the town should be compelled to insist on all journeymen in their employ producing a medical certificate of health. A similar measure has been already introduced in regard to the slaughter-houses of the town.

Horseflesh as Food.—The sale of horseflesh as human food was authorised in France in 1856; the consumption in Paris alone amounted to 4,500,653 kilogrammes in 1886. At Berlin 7,000 horses are slaughtered for food every year; at Vienna 6,271 were disposed of in the same way in 1887. In Italy horseflesh can be lawfully sold as human food; the town where it is most largely eaten is Milan.

Emergency Hospitals in Chicago.—It is said that steps have been taken in Chicago for the erection and equipment of emergency hospitals in preparation for the world's fair. This is an excellent idea, especially so in view of the fact that Chicago people are accused of using diluted sewage for drinking purposes, etc. This might be rather hard on the visitors until they became hardened and toughened like the natives.

The Youngest Great-grandmother lives near Pomona, Cal. Her name is Francesca Cordolla, and her age is but fifty years. She was married when but fifteen years old, and her eldest daughter married when she was a little over seventeen years old. Mrs. Cordolla was but thirty-three years old when she was a grandmother. Her eldest granddaughter was married April, 1889, at the age of fifteen years,and now a great-granddaughter is born.—*San. Era.*

Syphilitic Contagion in the Tertiary Stage.—Laudouzy cites two examples of this condition. A man in the fifth year of syphilis, having at the time no active symptoms whatever, communicated the disease to his wife. In the other instance a man with gumma of the penis gave his wife syphilis. Balzar claims that mucous patches can develop at almost any state of syphilis, and that their presence, perhaps overlooked, explains these cases of irregular infection.—*Phys. and Surg.*

Small-pox Mortality in Sweden.—The statistics of small-pox in Sweden are instructive, as showing in a most conclusive manner the effect of vaccination in mitigating the scourge. From 1774 to 1800 the death-rate from small-pox was 165 per 100,000 of the population. In 1801 optional vaccination was introduced and the small-pox mortality fell to 90 per 100,000 during the following nine years, and to 21 per 100,000 in the six years after that. From 1816, when vaccination was made compulsory, to 1883, beyond which year the official records from which these figures are drawn do not extend, the average death-rate from small-pox has been 18.2 per 100,000 inhabitants. In many single years the rate has been as low as 3, 2, or even 1 per 100,000.

No Wonder He Died.—The following funeral notice appeared in a recent issue of the Columbus *Evening Dispatch* (names being omitted):

"Died. F—— H———, son of J. M. and M—— W———, at their residence, —— —— street, Thursday, at 4 p. m. Pneumonia of the lungs. Attending physicians, Dr. H——— and Dr. ———, of Roseville, and five associate doctors. Funeral from the residence at 2 o'clock Sunday."

Small wonder! Seven doctors, and pneumonia of the lungs in addition!

Electricity in Histology.—Minor (*Neurologisches Centralblatt*, May 15, 1890) has discovered that muscle and nervous tissue can be hardened very quickly in potassium bichromate if a constant current is allowed to flow through the fluid. He has operated chiefly upon spinal cords, and finds that if the cord be attached to the positive pole it will be hardened in four or five days, and that it will be a dark brown; its histological structure is not in any way impaired. If it is attached to the negative pole it becomes soft and of a light yellow color.—*Br. Med. Jour.*

Abortive Treatment of Venereal Bubo.—An anonymous correspondent writes us, detailing the treatment of forming bubo which has given him most satisfaction. He claims that it surpasses all other methods of which he has made use. Calomel and compound ipecac powder are first given internally, and a wad of cotton is saturated with fluid extract of phytolacca decandra and applied and kept on over night. If it causes nausea it may be removed and again applied after a time.

Fourteen cases treated in this way gave the happiest results.

Other glandular swellings are reduced with like promptitude.

Testing a Suture of the Gastric Wall.—Dr. Meinhard Schmidt, of Cuxhaven, writes in the *Centralblatt für Chirurgie*, No. 14, 1890, that, having lost a patient upon whom he had performed resection of the pylorus, by reason of the escape of liquid matter through the line of sutures, he set about to devise some means of determining whether the sutures were tight or not before closing the abdominal wall. He had inserted the sutures with great care and believed that they were sufficient to hold the edges of the wound in close apposition, but after the death of the patient examina-

tion showed a slight separation at one point. He suggests that, in future, a test of the closeness of the sutures be made by introducing a sound attached to a rubber bulb, and filling the stomach with air, the duodenum being compressed in order to prevent the escape of air in that direction. If no air escape it may be assumed that the edges of the wound are in close apposition, and then the operation may be completed.—*Med. Rec.*

An Unjust Discrimination.—The medical examining board of Washington consists of nine members, appointed by the Governor, three only of whom are regular physicians. At the recent annual meeting of the State Medical Association, held at Spokane Falls, a committee was appointed to draft a communication addressed to Governor Ferry. In this protest it is stated that over 700 of the 800 practising physicians in the State are regular, yet the profession is in a minority on the board and they pray that a redistribution may be made whereby they may have a pro rata representation in that body.

High Infant Mortality in Germany.—Dr. Rahts, of the Imperial Office of Health, at Berlin, says the *Lancet*, addressed the Society of Public Hygiene, April 28, on the causes of high infant mortality in Germany. After showing that this death-rate was higher than in any other civilized country, he ascribed it to three prominent causes—to unsuitable milk for the food of the very young, to the large amount of illegitimacy, and to the employment of mothers in factories. In regard to the last-named cause, he held that there was a culpable neglect on the part of both governmental and municipal authorities in failing to legislate and execute regulations respecting the factory employments of women. —*N. Y. Med. Jour.*

Inhalation of Iodide of Mercury in Tuberculosis of the Lungs.—Drs. Miguel and Rueff, after prolonged observation, have reported favorably on this method of treating phthisis. One part of biniodide of mercury and one part of iodide of potassium are dissolved in 1000 parts of distilled water, and this solution is employed in the form of a spray; at first only once daily, and later when the patients have become accustomed to it, twice daily. In cases where the irritation was excessive, the solution was diluted to one-half its strength without deteriorating from the germicidal powers. One of the chief conditions of success is to prolong the treatment, and this can be done for a year or more without evil effect to the patient.—*Therap. Gaz.*

Score One for the Profession.—A sensational incident occurred recently in Kentucky which shows that the nerve and valor of that State are not confined to coloneldom.

Dr. T. F. Berry, of Louisville, who was a candidate for coroner of Jefferson County, found himself the object of numerous slanderous reports, and on tracing them, discovered that they all emanated from John Blankenbaker, a farmer near Fisherville, Ky. Unable to obtain a retraction from Blankenbaker, he sent him a challenge to fight a duel. It was accepted and the meeting occurred June 12. "One, two, three," was counted, pistols were aimed, and the climax of the duel was imminent, when Mr. Blankenbaker asked that the proceedings be stopped, proclaimed his willingness to publicly retract all he had said derogatory to Dr. Berry, and kept his word by writing out such a retraction subsequently.

BOOKS AND PAMPHLETS RECEIVED.

Some Observations on Stricture of the Male Urethra. By R. W. Stewart, M.D., M.R.C.S., Physician to Mercy Hospital, Pittsburg, Pa. Reprinted from the N. Y. Med. Jour.

The Action and Use of Alcohol in Fevers. By the same. Reprinted from Pittsburgh Med. Review.

The Blunt Curette in Uterine Hæmorrhage. By Thomas W. Kay, M.D., Scranton, Ex-Surgeon to the Johanniter Hospital at Beyrout, Syria. Reprinted from the N. Y. Med. Jour., Nov. 2, 1889.

Large Doses of Iodide of Potassium. By Augustus A. Eshner, M.D., Resident Physician at the Philadelphia Hospital. Reprinted from Med. and Surg. Reporter, Nov. 23, 1889.

A History of Spectacles. By L. Webster Fox, M.D., Ophthalmic Surgeon to the Germantown Hospital, Philadelphia. Reprinted from Med. and Surg. Reporter, May 3, 1890.

Some Reflections on Morning Sickness. By B. E. Hadra, M.D., Galveston, Texas. Reprint from Times and Reg.

How to Preserve Health. By Louis Barkan, M.D. The American News Co., New York.

The Swedish Leper in the Liverpool Workhouse. By C. S. Leet, F.R.C.S., of Boothe, Eng.

Articles on Ship Sanitation. By the same.

A Communication from Jack the Ripper. By G. Frank Lydston, M.D., Chicago, Ill. Reprinted from Medical Mirror.

Apparent Cancerous Transformation of Syphiloma of the Tongue. By the same. Reprinted from Medical Record.

Twenty Consecutive Cases of Abdominal Section. By L. S. McMurtry, A.M., M.D., of Louisville, Ky., Gynæcologist to Sts. Mary and Elizabeth Hospital, etc.

The Brooklyn Health Exhibition (American Public Health Association). Reprinted from Sanitarian.

Electrolysis in the Treatment of Stricture of the Rectum. By Robert Newman, M.D., of New York, Con-

sulting Surgeon Hackensack Hospital, etc. Reprinted from Jour. Am. Med. Ass'n.

The Chigger (Lepatus Irritans). By H. M. Whelpley, M.D., Ph.D., F.R.M.S., of St. Louis.

How to Conduct a Quiz Class. By the same.

The Senses, Five or Seven. By Wm. M. McLaurey, M.D., New York. Read before the Academy of Anthropology.

Social Ethics (the Social Evil). By the same.

Missouri Agricultural Experiment Station. Bulletin No. 11. Texas Fever. By Paul Paquin, M.D., State Veterinarian. Columbia, Mo., May 1, 1890.

Epicystic Surgical Fistula for the Relief of Vesical Catarrh. By John D. S. Davis, M.D., of Birmingham, Ala. Reprinted from Jour. Am. Med. Ass'n.

An Experimental Study of Intestinal Anastomosis. By the same. Reprinted from Times and Reg.

Conservatism in Nasal Surgery. By Chas. M. Shields, M.D., Richmond, Va., Lecturer on Diseases of the Eye, Ear and Throat, Medical College of Virginia. Reprinted from Practice.

A Synopsis of New Remedies, Rare Chemicals and Preparations, and the Latest Approved Antiseptic Materials. Presented by R. E. Rhode, M'f'g Pharmacist, 504 N. Clark St., Chicago, Ill.

Report of the Section on Practice of Medicine.

I. The Relation of Dusty Occupations to Pulmonary Phthisis.

II. The Present Aspect of the Question as to the Etiology of Pneumonia.

III. The More Recent Treatment of Pulmonary Phthisis.

By Wm. B. Canfield, A.M., M.D., Chief of the Chest Clinic, University of Maryland. Reprint from Trans. of Med.-Chirurgical Faculty of State of Maryland, 1889.

How to Preserve Health. By Louis Barkan, M.D., American News Co., New York, 1890.

Perchloride of Iron in Leucorrhæa. —Ed. in *Phar. Era.*.—Of all remedies for simple leucorrhœa, the old tincture of perchloride of iron is the best, combined with hyoscyamus, opium, hop, or Indian hemp, when the mucous membrane is in a state of irritation. Tepid or cold water injections, cold hip baths, etc., are useful local applications, with rest; and avoidance of occupations involving prolonged standing or pedal exercise.

Sometimes tannin, zinc, or alum are valuable additions to the injections. When the discharge emanates from the glands of the os uteri, local applications of belladonna and bicarbonate of potash are serviceable, two ounces of tincture and a teaspoonful of the alkali to about a pint of water.

SOCIETY PROCEEDINGS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, March 26, 1890, the president in the chair.

Dr. Frederick A. Packard read a paper on

The Case of an Infant with Multiple Sarcomata.

The following case is of interest from two facts in particular—the youth of the patient and the multiplicity of the growths. The history, as obtained from the mother when first seen on February 14, 1890, is as follows:

C. K., white, æt. six months, of native parentage. Family history is good, there being no family tendency toward tumor formation. He is the second child, the first having died of "summer complaint" at the age of fifteen months. He was born at full term, the labor being easy and natural. He was from birth, and is still, nursed. Dentition has not as yet begun. Ever since birth he has been constantly fretful and uneasy. His sleep is not sound. At the age of seven or eight weeks his mother noticed two or three small lumps on the back, when first seen of about the size of a pea and of a purplish color. Other tumors rapidly appeared in succession on the head, right side and left side. The growths steadily increased in size, new ones rapidly appearing, the last ones to appear being those on the soles of the feet. They never diminished in size, but steadily grew larger. There has seemed to be no marked tenderness associated. On questioning, the mother stated that the legs had always seemed weak, never being moved so freely or forcibly as were the arms. There have been no hæmorrhages. The child has always nursed well and has had but little vomiting. There has been no evident interference with swallowing. The bowels are regular, with no history of former trouble in that direction. He has been steadily growing paler and thinner. There has been no œdema. He is very restless, but does not seem to suffer pain.

Status Præsens.—The child is thin, pale, and somewhat old looking. The hair is sparse, the anterior fontanelle not entirely closed. Over the head, particularly near the vertex, there are several firm, well-defined subcutaneous tumors freely movable upon the deeper tissues and not adherent to the skin. They vary in size from that of a marrowfat pea to that of a small marble. They are of a somewhat purplish color. Tumors similar to these, except in size, are freely scattered over the whole body without any geographical distribution that could connect them with nervous, lymphatic or vascular paths. On the back and sides they attain to the largest dimensions, two of them being fully as large as good sized pullet eggs. One or two of the tumors are less freely movable than the majority and evidently have attachments to deeper structures. Tumors are now present on the head, all surfaces of the chest, on the back, abdomen, thighs and legs. There is no œdema.

There is marked dyspnœa on crying, the whole thorax being drawn up *en masse*, the lower thorax sinking inward, and the thyroid cartilage travelling upward and downward. The cry is peculiar, being somewhat hoarse.

The chest is large, chiefly in the antero-posterior diameter, and is even more of a barrel-shape than is usual in children of that age. The circumference of the thorax at the horizontal nipple line is sixteen inches. There is no unilateral or local prominence. Nothing further is learnt from palpation. Percussion note is normal, except for possible slight impairment of resonance posteriorly near the scapulæ. On auscultation unaltered breath-sounds are everywhere distinctly heard.

Examination of the heart is negative. Pulse equal.

The pupils are normal and equal, reacting well to light. There is no ptosis or squint. No view of the eye grounds could be obtained. There is evidently no blindness or deafness.

The legs are moved, but to a very slight extent and feebly. There is no local wasting in groups, but both legs are equally small and flabby. The knee-jerk is exaggerated on both sides equally. No clonus could be obtained in any part.

Sensation is, as far as could be ascertained, unimpaired.

There is no sphincter weakness or spasm.

Thinking it possible on the first visit that there might be a leucocythæmic origin of the tumors, the child was put upon minute doses of liquor potassii arsenitis.

On the next visit the blood was examined, showing 4,816,000 red blood corpuscles per cubic millimeter, one white to 1.445 red blood corpuscles. The general condition seeming to be somewhat improved the internal treatment was continued, and there was added, by way of experiment, the inunction of one of the tumors with an ointment of iodide of cadmium in lanolin.

On February 26th, the general condition had much improved, the child being brighter and the cry stronger. No effect had been produced in the size of the tumor selected for use with the ointment. A small tumor was at this visit excised from the left side for examination. The tumor lay just beneath the skin, seemed to be lightly encapsulated and was readily removed entire. It was found to be composed of numerous round lymphoid cells, infiltrating normal connective tissue. Examination of the urine negative.

On March 3d, the general condition had still further improved, but the tumors were possibly somewhat larger than when first he was brought for treatment.

As stated above, the age of the child (six months), with the history of the occurrence of the external subcutaneous tumors at the early age of eight weeks,makes the case one of great interest. Tumors of a malignant type are reported as occurring congenitally, and, indeed, in the present case it is possible, if not probable, that the original parent tumor was existent at least eight weeks before the appearance on the back of what are evidently secondary growths. The involvement of so much of the child's body is also remarkable. There can be no doubt even in the absence of physical signs that there is a tumor within the thorax, probably in the mediastinal space, which causes dyspnœa by pressure upon the trachea or bronchi. The alteration in shape of the thorax, probably in part due to emphysema, and its increased circumference, would point to a large growth, although the absence of œdema and the equality of the pulse indicate that the large vessels are uninvolved. The slight hoarsensss on crying may indicate pressure upon the recurrent laryngeal nerve.

The paresis and increased knee-jerk in both legs indicate a growth within the spinal canal.

The subcutaneous tumors appear as though pigmented but the excised tumor showed no melanosis.

The question of the situation of the primary growth is one of some difficulty. Although the eye-grounds could not be seen, the absolute freedom from any evident impairment of vision would fairly well exclude the choroid as the structure originally involved. The chest growth produces more definite and marked symptoms than any of the others, and were it not for the fact that a small mediastinal growth may produce more marked symptoms when seated in certain portions of that important part than a larger growth elsewhere, the largest and therefore probably oldest growth could be stated to be intra-thoracic.

That the growth was not primarily in the skin is shown by the fact that all but two of those there present are freely movable, and over those two the skin glides easily.

The spinal cord involvement is undoubtedly secondary.

Taking these facts into consideration the tumors are taken to be multiple sarcomata, whose primary focus was probably intra-thoracic.

Discussion.

Dr. John B. Deaver.—I have seen a few cases of multiple sarcoma, but none at such an early age as this. The tendency of these cases is to undergo a melanotic change, if they last sufficiently long.

I understand Dr. Packard to say that he believes that the posterior mediastinum is involved. I should be inclined to think, particularly from the condition of the sternum, that the tumor occupied the anterior mediastinum. The sternum is quite markedly convex outward. Again, tumors of the posterior mediastinum, if they reach any size, are likely to occasion more serious symptoms than have been manifest in this case. I believe that the splanchnic nerves would be pressed upon. The tissues of the anterior mediastinum are more liable to undergo sarcomatous change than are those of either the middle or posterior mediastina. All the mediastina may, however, become involved in a short time. I was struck with this in a case which I saw recently. I considered it a tumor of the anterior mediastinum. I oper-

ated, and finding the large blood vessels involved, did nothing. The patient subsequently died, and at the autopsy all the mediastina were found involved although I think that the original growth was in the anterior mediastinum.

So far as treatment is concerned nothing is to be done. Even where the general condition is good, I do not think that there is any hope of benefit from operative interference.

SELECTIONS.

THE TREATMENT OF POST-PARTUM HÆMORRHAGE.

Duhrssen (*Sammlung klin. Vortrage*) strongly recommends a method of which he has had large experience—viz., tamponade of the uterus, and even of the whole genital tract, as the most reliable method of stopping hæmorrhage in atony of the uterus after the completion of labor. It may also be employed to stop hæmorrhage arising from laceration of the cervix. He regards it as the most quickly applicable, the least dangerous, and most certain method. Duhrssen refers to 79 cases in which the method of tamponade was resorted to by himself and others, and he gives an analysis of 65 cases. He shows that the objection that the gauze tampon would prevent the contraction of the uterus is erroneous, and that, on the contrary, all observers declare that it causes powerful contraction of the uterine muscles, and the uterus, instead of becoming flaccid again, continues in a state of contraction. The tamponade, then, acts by producing contraction as well as by permitting compression, and all parts of the uterus, including the placental site, are effected alike. In the cases that were fatal, in spite of the application of the tampon, the cause of the fatal result lay in delay. Everything else was tried first, hot and cold irrigation, ergotin, etc., and the patients were *in extremis* before the introduction of the plug. Even when the hæmorrhage comes from a rent in the lower uterine segment, the tamponade is a suitable and effective method of treatment. If the source has been diagnosed as cervical, the tampon stops hæmorrhage until appliances for suturing can be got ready; and if the site is not made out at first, it will be discovered afterwards under more favorable conditions, and the injury can then be dealt with. Tamponade is therefore the best method in all doubtful cases.

The material of which the tampon is made must be aseptic. Improvised materials, such as strips of linen, can be sterilised by boiling for five minutes in water. The best material to carry with a view to emergencies is absorbent gauze. The rough surface is an advantage, and such material does not readily part with its fluid.

Tamponade is not contra-indicated in patients who have been already infected. It may be made the vehicle by which disinfectants are conveyed into the cavity of the uterus, and in this way the process of decomposition may be hindered, and the injured surfaces protected from infection. The danger of carrying septic matter from the vagina into the uterus can be reduced to the minimum by thorough cleansing of the vagina as a preliminary. The extreme care to prevent infection which every obstetric operation requires must be bestowed by the medical attendant. The *technique* of the operation is very simple. Duhrssen carries with him sterilised or iodoform gauze in a leaden box, and when the tampon has to be introduced, he thoroughly irrigates the vagina with hot water, and then drawing down the uterus with a vulsellum, he packs the gauze into the uterine cavity by means of suitable forceps, without even touching the material with his fingers. The vagina is then packed with gauze or cotton wool. An anæsthetic is not necessary.

The author is so satisfied with the result that he already begins to recommend a "prophylactic tamponade"—that is, the introduction of the tampon in every case of considerable hæmorrhage after the expulsion of the placenta. His remarks suggest the ready abuse of a proceeding which, within limits, may be found most useful.

The statistic shows that the tampon in every case at once stopped the hæmorrhage, and that in only one case did fatal sepsis supervene, and in that case it was quite avoidable. As has been said, death resulted only when tamponade was resorted to after everything else had failed.—*Med. Chron.*

THE RATIONAL TREATMENT OF SCIATICA.

Dr. G. M. Hammond read a paper on this subject. The author considered all cases to be pathologically a more or less mild or severe inflammation of the nerve sheath or interstitial tissue. He agreed with Anstie that rheumatism, gout and syphilis were not nearly so commonly associated with sciatica as was generally believed. His own experience with the disorder had shown that the vast majority of persons with sciatica had never suffered from these diseases, and that out of hundreds of persons with rheumatism, gout, and syphilis, a very infinitesimal proportion had ever had sciatica. It was very probable that rheumatism and gout lowered the tone of the system to such an extent as to render the patient more liable to an attack of sciatica than he otherwise would be. But, whatever might be the cause of the disorder, it should in all cases be treated as a neuritis. Pathologically, we had to deal with inflammation of the sheath of the nerve and perhaps of the nerve itself, and with a sero-fibrinous exudation, which was usually between the sheath and the nerve itself. Clinically, there was pain, which might be slight or agonizing, continuous or only present on motion, and, in old cases, there was a certain amount of atrophy of some of the muscles.

For the relief of pain the remedies used should vary

with the extent of the suffering. In the severest cases, where the suffering was intense, it was absolutely necessary to use morphine. When such was the case, it should be given in doses amply sufficient to relieve all pain, and should be injected hypodermically and not given by the mouth; the fluid should be injected as near the nerve as possible, as there was some reason to believe that morphine had a tendency to reduce the inflammation in a nerve when brought in contact with it. In milder cases, phenacetin, in a single dose of fifteen grains, which could be repeated in an hour if necessary, would be found to fulfill all requirements, Antipyrine and acetanilide could be used in place of phenacetin if desired.

To relieve the neuritis itself he depends almost entirely upon rest, the application of cold, and the use of electricity. In regard to the value of rest in the treatment of sciatica there could be no doubt. Every time the leg was moved the functions of the sciatic nerve were called into play. It was well known that the use of nerves and mucles induced a temporary congestion of the parts used, which would only have a tendency to aggravate a condition of already existing inflammation. By rest he meant absolute rest attained by keeping the patient in bed and applying the old-fashioned long splint, reaching fron the axilla to the sole of the foot. It should be so attached as to leave the thigh and sole uncovered for the use of electricity and cold. Dr. Weir Mitchell had been the first advocate of the use of the splint in sciatica. Every fourth day the splint should be removed for a short time in order to manipulate the joints and muscles to a slight degree. Cold could best be applied to the sciatic region by ice bags. The refrigerating sprays he had found less efficacious. As to electricity, it was very useful, but only the continuous current should be employed, and in the following manner: The negative electrode should be about nine by four inches in size,and should be strapped to the sole of the foot by elastic bands. The positive electrode should be about five or six inches square, and should be applied over the gluteal region, over the point where the sciatic nerve emerged from the pelvis. If there were any very tender parts along the course of the nerve, this electrode could be changed occasionally so as to cover them. The strength of the current should not be such as to cause much pain, but should fall just short of doing so. No rule as to the current strength to be employed could be laid down, as the point of toleration was different in different individuals. The continuous current should be applied twice daily, if possible—certainly once a day—for about five minutes at each *seance*. Most of the text-books recommended that at the end of each application of the continuous current a number of interruptions should be made in order to stimulate the muscles. Nothing of the sort should be done. It was opposed to the scientific treatment of the disease. It irritates the nerve and counteracts, in part if not altogether, the benefit derived from the continuous current.—*N. Y. Med. Jour.*

TO MEDICAL MICROSCOPISTS.

In behalf of "The American Association for the Study and Cure of Inebriety," the sum of one hundred dollars is offered by Dr. L. D. Mason, vice president of the society, for the best original essay on "The Pathological Lesions of Chronic Alcoholism Capable of Microscopic Demonstration."

The essay is to be accompanied by carefully prepared microscopic slides, which are to demonstrate clearly and satisfactorily the pathological conditions which the essay considers. Conclusions resulting from experiments on animals will be admissible. Accurate drawings or micro-photographs of the slides, drawings, or micro-photographs, are to be marked with a private motto or legend, and sent to the chairman of the committee on or before October 1, 1890. The object of the essay will be to demonstrate:

1. Are there pathological leisons due to chronic alcoholism?

2. Are these lesions peculiar or not to chronic alcoholism? The microscopic specimens should be accompanied by an authentic alcoholic history, and other complications, as syphilis, should be excluded. The successful author will be promptly notified of his success, and asked to read and demonstrate his essay, personally or by proxy, at a regular or special meeting of the "Medical Microscopical Society," of Brooklyn. The essay will then be published in the ensuing number of *The Journal of Inebriety* (T. D. Crothers, Hartford, Conn.) as the prize essay, and then returned to the author for futher publication or such use as he may desire. The following gentlemen have consented to act as a committee:

Chairman, W. H. Bates, M.D., F.R.M.S., London, Eng., (President Medical Microscopical Society, Brooklyn) 175 Remsen Street, Brooklyn, N. Y.; John E. Weeks, M.D., 43 West 18th Street, N. Y.; Richmond Lennox, M.D., 164 Montague Street, Brooklyn, N. Y.

INTESTINAL DISEASES OF INFANTS.

In an interesting article published in the *Archives of Paediatrics*, May, 1890, Dr. W. S. Christopher ably advocates the theory that all the so-called summer complaints are due to ptomaine poisoning. The following is a summary of his conclusions :

1. Various forms of abnormal fermentation occur in the bowels, and when they occur in infants, and produce symptoms, they constitute the immediate cause of the collection of diseases known as summer complaint.

2. Summer complaint so defined includes putrefactive constipation and all forms of diarrhœa and dysentery not diphtheritic in origin nor symptomatic of septicæmia.

3. The three great predisposing causes of summer complaint, viz., hot weather, overcrowding, and bottle-feeding, are to be regarded as acting solely as adjuvants to fermentation.

4. The diet during summer complaint should be determined entirely by the conditions within the bowels, and not by theoretical ideas to Nature's food.

5. At least two well marked forms of abnormal intestinal fermentation may be recognized clinically, viz., the putrid and the acid.

6. In the putrid fermentation, carbohydrates should constitute the food, and in the acid form albumen should be the only food.

7. Milk, containing, as it does, both proteids and carbohydrates, should be prohibited in all forms of intestinal fermentation. If properly sterilized, other food can be given; nursing babies with severe summer complaint should be taken from the breast.

8. All food administered, of whatever type, should be aseptic.

9. In addition to regulating the diet on the foregoing principles, the treatment should include laxatives and intestinal antiseptics.

10. The lesions are to be regarded as the results of the fermentation, and are more marked in proportion to the duration of the disease.

11. The lesions assist in prolonging the disease, and in all probability act by providing a habitat for the micro-organisms, and by their secretions furnishing the germs with material with which to maintain their biological activity.

12. In chronic cases, where well-marked lesions may be supposed to exist, lavage of the large intestine and of the stomach, with appropriate antiseptics, is indicated.

13. Opium is contraindicated except in persistent acid fermentation which threatens to produce anatomical lesions.—*Medical News.*

THE PREVENTION OF PUERPERAL FEVER.

Dr. Wm. Britton, after an exhaustive paper on "The Prevention of Puerperal Fever," gives the following conclusions:

1st. There may be some doubt as to the risk of infection in certain childbed inflammations, the natural outcome of local lesions with septic changes.

2nd. Defective excretion, an impoverished condition of the blood, protracted labor, excessive hæmorrhage, the deep and hidden situation of wounds such as are apt to occur during delievery, the enlarged lymph spaces of pregnancy, hypertrophied veins and lymphatics and these bathed in the lochial discharge—not the best antiseptic fluid, all act as predisposing causes; and the last named histological conditions render the patient more prone to take on puerperal fever, to be followed by septicæmia, than exposed wounds either surgical or accidental.

3rd. Puerperal fever in most, if not all its types is essentially a putrid decease, closely allied in its origin to erysipelas, scarlatina, etc., and is not only eminently infectious but capable of being transmitted through fomites to which it may adhere for a considerable period of time.

4th. Prior to delivery the patient's health should be maintained at the highest possible standard in order to repel any unforeseen attack.

5th. A lying in chamber should be in as sanitary a condition as though there was a possibility of Cæsarean section becoming necessary.

6th. During the first stage too frequent examinations are to be avoided as well as the pernicious practice of forcible digital dilatation, excepting when indicated by special circumstances; and should instrumental aid be necessary the use of Barnes' bags is less liable than sponge tents to be followed by absorption.

In the next stage, bearing in mind the possible remote consequences, all manual and instrumental interference should be in the cleanest manner, and so arranged as to produce but trifling lesions. The afterbirth if watched properly and left chiefly to the efforts of nature will be more likely to come away in its entirety; and in removing it from the vulva my experience has been that unless special attention is given, portions of membrance are very apt to be left behind in the vagina, or worse still in the uterus, and thus become the source of auto-infection.

During the whole course of his attendance I do not know a duty more incumbent on the accoucheur than that of securing perfect and permanent emptiness and contraction of the uterus.

7th. Too often after delivery the various excretions are neglected, especially the urinary.

8th. Vaginal irrigations, provided that due care is taken to avoid forcing offensive fluids back into the uterus, are never objectionable, and should not be omitted if there is unnatural odor. Owing to the posture of the patient, drainage is not assisted by gravity; in the heated vagina the lochial discharge is apt to lie and decompose; in the majority of cases hidden abrasions exist and absorption is easy.

9th. Intrauterine lotions are indicated after manual delivery and artificial extraction of the placenta.

10th. The strictest antiseptic precautions should be taken in dealing with every lesion that occurs, no matter how slight its extent. and when such is suspected from the nature of the case, the most careful inspection of the genitals should take place.—*Canada Lancet.*

The Subcuticular Suture.—This is the name given by Mr. Kendall Franks to a method of suturing wounds, especially small wounds about the neck and face, where it is desirable, for cosmetic effect, to leave as little trace as possible in the form of a scar. The suture is a continuous one, and fine catgut must be used and a fine curved needle. The needle must be passed horizontally, and at the cut edge of the wound, not at a distance from the edge, as in ordinary suturing. The author's description in the *Brit. Med. Jour.*, is as follows:

"I begin at a point about ¼ of an inch from the upper

angle of the wound. The needle is passed horizontally underneath the epidermis of the skin into the cutis vera, and emerges again from the cutis vera at the angle of the wound itself. It is then passed in a similar manner into the cutis vera alone on the opposite side of the wound, beginning at the extreme angle and emerging at a point $\frac{1}{4}$ of an inch from it. The catgut is drawn through so as to leave just enough at the first point or entrance to enable it to be tied to the portion of the suture which holds the needle. This forms a starting point. The needle is again inserted horizontally into the true skin, beginning immediately below the first point of entrance, and comes out again $\frac{1}{4}$ of an inch lower down; it is then passed similarly into the other edge of the wound at a point corresponding exactly to the last point of emergence on the opposite side, being brought out again $\frac{1}{4}$ of an inch lower down. This method is continued until the lower angle of the wound is reached."

Of course, as the suture is tightened the cutaneous edges of the wound will be brought into close and even apposition. An experience of several years with this method, especially in connection with wounds made for the removal of scrofulous glands in the neck, has satisfied the author of its utility. It also has the indorsement of such well-known men as Dr. Clifford Albutt and Mr. Pridgin Teale. It is but another form of buried suture, and certainly must require very delicate manipulation, a very fine needle, and aseptic catgut in order to insure a successful result. It is well conceived, and does away not only with the blemish of a linear scar in a conspicuous place, but also with the equal unsightliness of stitch marks. As the author remarks, this is not a slight consideration for women or for men with whom occupation or fashion interferes with their allowing the hair to grow in the vicinity of such disfigurements.—*N. Y. Med. Jour.*

Experimental Tetanus.—Brieger states his discovery, in collaboration with Frankel, of the tetanic virus. It is an albumin like the toxic albumins of diphtheria, cholera, typhoid fever, and carbuncle. This substance is not an acute poison, but it possesses the property of provoking the phenomena of tetanus after the lapse of some time. This virus should be classified in the same group with that of diphtheria. It is sufficiently soluble in water, while the other toxic albumins are very slightly soluble.

M. Weyl reports the case of a dog which was inoculated, under the skin of the back, with a small quantity of the pure bacillus of tetanus. On the fourth day scoliosis of the right side appeared, then the posterior and anterior extremities were moved by tetanic shocks. The inoculation was practiced with Dr. Kitasato's aid. Dr. Kitasato was the first to cultivate the bacillus of tetanus. It has been supposed that dogs were refractory to tetanus, but this experiment proves the contrary.—*La Semaine Medicale.*

Is Quinine an Oxytocic?—Dr. Atkinson discusses this question in the *Journal of Medical Sciences* for February, arriving at the conclusion that quinine has no action on uterine muscular fibre. Where such result has been produced, an idiosyncrasy has been present. A strong array of authorities is quoted who maintain its influence in causing contraction of the womb, followed by an equally creditable list of observers who deny to it *in toto* any such action. This divergence of opinion among therapeuticians for forty years, shows that the question, while apparently a simple one, is really very difficult of positive solution. Dr. Atkinson remarks that where abortion occurs during the course of malarial fever, this result may be due to the fever and not to the quinine. The opinion, however, that the cinchona preparations do stimulate the uterine muscular fibres seems to be well grounded among the profession generally. Dr. Hutchins, of the San Francisco Maternity Hospital, tells me that he habitually administers quinine in tedious labor in place of ergot, and that the results fully satisfy him as to its oxytocic properties.—*Pac. Med. Jour.*

Lunier Prize.—The French temperance society against the use of alcoholic beverages have received from Mrs. Lunier one thousand francs, to be called the Lunier prize, to be given to the author of the best essay on the following questions: "What are the consequences of hereditary alcoholism, and what are the best means of precaution, or means to limit or lessen its effects?" Authors are expected to follow out the lines of inquiry suggested in Lunier's work "on alcoholism."

The society does not limit this study and research, but wishes it to embrace all the questions of moral, social, and therapeutic means, for prevention and restoration of inebriety. The society will accept parts of printed works on this topic as pamphlets, that have appeared before January 1, 1890, associated with what has been written since this date, to compete for the prize. All manuscripts should be received before December 31, 1890, and should be addressed, Dr. Motet, secretary-general of the French temperance society, 161 rue de Charonne, Paris, France.

Innovations in the Faith Cure.—Fortunately for suffering humanity (according to the Faith Cure Society of Brooklyn), the Almighty has seen fit to open the eyes and change the hearts of those dangerous fanatics. Now that they have allowed several of their deluded dupes to die for want of proper care, and now that the coroner and the district attorney are getting ready to make them feel the power of the law that they have violated, they have been brought to reason. They now assure the authorities that they will in future employ doctors and use medicine in cases of sickness, for which wise conclusions they are promptly to be congratulated.

Chloral in Rigid Os.—A. W. Garry gives a case (*Br. Med. Jour.*) in which, with a rigid os, the pain had been strong but ineffectual, and the patient was becoming exhausted, with dry tongue, quick pulse, etc. He gave 15 grs. of chloral, intending to repeat the dose every half hour till a drachm had been taken. After the second dose, however, the os was sufficiently dilated to permit delivery by forceps. He adds:—"From my experience, both in hospital and private practice, of the use of this drug in the treatment of the above condition, I am of opinion that it is vastly superior to any other pharmacopœial preparation, when properly administered and with due precautions (should not be given, or at least very cautiously, in a case where fatty heart or atheromatous arteries is suspected), and would strongly recommend my young medical friends to give it a trial before adopting extreme measures, which, in my opinion, are rarely if ever required.".—*Canada Lancet.*

Bowing in Austria.—It would truly seem that there is really a silver lining to every cloud. Thus far, there would seem to have been one aspect to the late epidemic of the "grippe," and that an aspect of grief, so to speak. We learn from Austria, however, that, owing to the prevalence of this epidemic, the ridiculous habit of removing the hat in salutation on the street has been abandoned. Going down the street on a cold winter day we have frequently thought, as we would see a man remove his hat and expose to the cold blast a bald head in a state of perspiration, that therein was probably to be found the cause of very much of the neuraliga that afflicts humanity. Owing to the influence of the "grippe" as we have stated, this practice has been abandoned throughout the empire of Austria, being replaced by the salutation "*a la militaire.*"—*Annals of Hygiene.*

Drainage in Endometritis.—Perfect drainage of the uterine canal is of the utmost importance in all diseases of the endometrium. It can best be secured by free dilatation. A steel dilator should be used once a week, not too near menstruation, and supplemented by hard rubber drainage plugs. With few exceptions, cases of chronic uterine catarrh can be cured by first improving the circulation of the pelvis by means of boroglyceride and alum solution applied twice a week on long firmly rolled cotton pledgets, and second, by dilating with a steel dilator and making simple carbolic acid intra-uterine applications, and, if indicated, the use of the curette and drainage plug.—Dr. Wylie in *Am. Journal of Obstetrics.*

Encouraging Science.—The Vermont Microscopical Association has just announced that a prize of $250, given by the Wells & Richardson Co., the well-known chemists, will be paid to the first discoverer of a new disease germ. The wonderful discovery by Prof. Koch of the cholera germ, as the cause of cholera, stimulated great research throughout the world, and it is believed this liberal prize, offered by a house of such standing, will greatly assist in the detection of micro-organisms that are the direct cause of disease and death. All who are interested in the subject and the conditions of this prize, should write to C. Smith Boynton, M.D., Secretary of the Association, Burlington, Vt.

The Use of Pessaries After Labor.—A pessary may very often require to be introduced before the lying-in woman leaves her bed, in order to prevent the formerly displaced uterus from returning to the abnormal position which it occupied before the last pregnancy; indeed, the rectification of the displacement at this time, when all the sexuul organs are undergoing a process of involution, offers one of the best chances of entirely curing the patient. I have thus applied a retroversion pessary on the eighth day after delivery, removing it after two months, and found the uterus permanently replaced.—Dr. Munde, in *Arch. of Gyn.*

Administration of Exalgin.—The formula used by Dr. Dujardin-Beaumetz is given in various journals, as follows: Exalgin, 2·50 gm.; tr. orange. 5 gm.; water, 120 gm.; syrup of orange-peel, 30 gm. A tablespoonful (containing 25 cgm. of exalgin) may be given morning and night. Desnos is said to have given 1·50 gm of exalgin without causing disturbances. According to Dr. Dujardin-Beaumetz, this substance "is very active against the element of pain, whatever may be its origin, and is especially useful in essential or sympathetic neuralgia, tabetic pains and angina pectoris."

G. S. Symons, an eminent English meteorologist, has argued in a recent scientific paper, that people in a thunder shower should allow themselves to become thoroughly drenched with the rain, as then it would be impossible for the lightning to kill them.

An Unusual Sign in Ovarian Cyst.—The Vienna correspondent of the *Occidental Medical Times* writes: Dr. Gersuny, Dr. Billroth's assistant, has reported an uncommon symptom in ovarian cyst. The tumor filled the whole abdominal cavity, and over its surface pulsations synchronous with the radial pulse could be felt and seen. The pulsation could also be obtained through the vagina. Over all parts of the tumor, and corresponding with the pulsations, a clear sound was audible, followed by a second, less accentuated. The greatest circumference of the abdomen was 100 cm. The tumor was not movable in the abdominal cavity, and

percussion showed slight fluctuation propagated to all points. The uterus could be felt above the symphysis. The patient who was 39 years of age, was otherwise quite healthy. There was no heart trouble, and the pulsation was regarded as being propagated from the aorta. Upon opening the abdomen, it was found that the tumor originated from the right ovary, and that it had grown into the folds of the right broad ligament, drawing the right uterine cornu upwards over its anterior surface, also involving the meso cæcum. The tumor, except a portion in the middle, lay behind these structures, and was pressed towards the posterior wall of the cavity. After extirpation of the sac, which was filled with thin, brown fluid, the bifurcation of the aorta could be seen and felt; the cyst-wall in which the right ureter was involved was separately closed and drained. Dr. Gersuny dwelt on the fact that the pulsations were explained by the retroperitoneal position of the tumor, which, under considerable tension, was pressed against the abdominal aorta, allowing the propagation of its pulsations through the thin fluid. This symptom of general pulsation was characteristic of retroperitoneal tumors.—*Northw. Lancet.*

The Importance of the Practice of Washing Out the Peritoneal Cavity as a Means of Securing a Natural Disposition of the Intestines after Abdominal Section.—Malcolm, in a short but suggestive paper, again calls attention to the great danger which may result to the patient after laparotomy from simple paralysis of the bowel, though peritonitis may be entirely absent. Raw peritoneal surfaces are very apt to unite, even if they are entirely healthy. It is impossible after a laparotomy to arrange the coils of intestine in such a position that they will not at some time becoms adherent. In sponging they are very apt to be disturbed and thrown into unnatural relations. By irrigating the cavity we cause the intestines to float upward and thus undo any twists that may be formed. Now if the fluid is sucked out of the cavity, instead of being withdrawn with sponges, they will settle down in their natural positions just the same as when ascitic fluid is evacuated. Persistent vomiting after laparotomy seems to be beneficial rather than otherwise, since by pressure of the diaphragm and abdominal muscles the bowels are rearraned, as it were, and made to assume their normal relations, The important point to be borne in mind is that it is not so much the fact that the intestines contract adhesions to adjacent parts which give rise to subsequent persistent pain or obstruction, as it is that they become adherent in unnatural positions.—*American Journal of Medical Science.*

To Remove Thirst.—Paint the tongues of your fever patients with glycerine; it will remove the sensation of thirst and discomfort felt when the organ is dry and foul.

USEFUL FORMULÆ.

Lumbricoid Worms—General Vermicides.

1. Dupont's.—

℞ Gourd seed, - - - ℥ss.
Sugar, - - - - ʒv.
Milk, - - - - ℥ij.

Mix. Triturate the seed with the sugar, adding a few drops of milk from time to time until a paste is formed. Add the balance of the milk, rub up well, and filter. Administer the filtrate early in the morning. Two hours later, give a dose of castor oil.

2. Dujardin-Beaumetz'.—

℞ Tincture of kameela, - - ʒjss.
Syrup of orange-peel, - - - ℥ss.
Water, sufficient to make, - ℥iv.

Mix. This should be taken in broken doses at frequent intervals until all is taken. If the worm is not expelled within two hours after the last dose, administer castor oil.

3. For Infants of Three or Four Years.—

℞ Calomel, - - - - grs., ijss.
Santonin, - - - - grs., ij.
Sugar of milk, - - - grs., xv.

Mix and triturate well together. Give the whole early in the morning, fasting. This is excellent for either lumbricoid or pin worms.

4. A general vermifuge, for adults or children, is an infusion of from ½ dram to 4 scruples, each, of wormwood, tansy, chamomile flowers, and the flowers of artemesia santonica, in a quart of water, and giving it in broken doses, in the course of twenty-four hours. This is for an adult.—*St. Louis Med. and Surg. Jour.*

Endometritis.—For subacute cases of this disease Terrier uses medicated pencils introduced into the uterus. He recommends:

℞ Iodoformi, - - - - gr., cl.
Gummi tragacanth, - - gr., vijss.
Glycerini,
Aquæ destill., - - - aa q.s.
Ut fiant bacilla (pencils) No. 10.

The pencils made according to this formula are said to be about the size of a stick of nitrate of silver. Resorcin or salol may be used instead of iodoform.—*Canada Lancet.*

An Injection Against Leucorrhœa and Blennorrhœa in Women. (Lutaud).—

℞ Creolin, - - - - gtt., xxx.
Ext. fluid hydr. canad., - - fl. ʒijss.

Sig.: Two teaspoonfuls in a pint of warm water to be used at one injection.

As a urethral injection the following formula is used:

℞ Extr. fluid hydrast. canad., - gtt., xxx.
Creolin, - - - - - gtt., x.
Aquæ, - - - - - fl. ℥viij.

Sig.: Use pure as a urethral injection.—*Journ. de Med. de Paris.—Atlanta Med. and Surg. Jour.*

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